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**The Extent and Nature of Parental Support and Involvement  
with Children Participating in a Community  
Service Project in Windsor/Essex County - The Kid's Alliance Project**

by

**Deborah Ann Holosko**

**A Thesis  
Submitted to the Faculty of Graduate Studies and Research  
through the Faculty of Education  
in Partial Fulfillment of the Requirements for  
the Degree of Master of Education at the  
University of Windsor**

**Windsor, Ontario, Canada**

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## **Abstract**

**This exploratory descriptive study reports survey data from a sample of 40 parents whose adolescent children (ages 12-14) participated in a service learning project, the Kids Alliance Project (KAP) in Windsor, Ontario. It sought to determine how parents supported their children in this school based community initiative and explored factors associated with parental involvement. These were social support, family coping, family problem solving, parental satisfaction and attitude toward service. Main findings indicated that the sample mirrored resilient parents as noted in the literature. They held positive attitudes toward service, and reported positive support and coping abilities. They were also slightly better educated than their neighbours. Most were employed. They supported their children more indirectly than directly. When parents were separated into high and low parental involvement groups, a discriminant function analysis using seven variables led to a high degree of accurate classification. Specifically, the analyses were able to correctly classify 80% of the parents when examining overall parental involvement and 85% of the parent when examining direct parental involvement. This study lays groundwork for further research in this area.**

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**My family also needs acknowledgement. They are truly resilient – they coped and problem solved as they took on my traditional home responsibilities. They did so with a sense of optimism, that I sometimes lost, and kept a sense of humour throughout the process. Michael, Joel and Adrienne, you provided the much needed balance of sanity and love I needed. Webster [our Brittany], thank-you for laying at my feet for hours and hours while I researched, wrote and rewrote ... and rewrote again. My thanks to all who proofread again and again.**

**Finally, the dedication goes to two great men lost while I studied in the Faculty of Education. My father, Oscar Johnson, and father in-law, Joseph Holosko. Both valued education immensely and would have been proud of this accomplishment.**

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## CHAPTER I

### INTRODUCTION

#### A. General Statement of the Problem

The business of raising children implies the undisputed need to both support and nurture them until adulthood. Just how to support and nurture children however, is subject to much debate and interpretation by parents, educators, counselors, researchers and children themselves. The response of the day is very much influenced by present intellectual, economic, social, cultural, and/or political thinking. Currently, the African saying, “it takes a whole village to raise a child,” is often cited when discussing how to rear children in North America. The implication here is that more involvement and attention is needed in raising children today in the complex world in which we live.

Children must be prepared to grow, adapt and work in a world that is changing exponentially in terms of technology, skills and information. As a result, in North American schools, it is no longer acceptable to teach ‘just the facts’. Current curriculum policies such as mandatory community service for students in Ontario, emphasize teaching process skills associated with life long learning such as how to be effective in groups, to take responsibility for oneself and one’s community, and how to problem solve using a variety of research and analytic skills. Evolving into a more process-oriented style of education implies that the methods must become more experiential and authentic. Such methods have many educators and schools looking outward for help with these challenging realities.

Part of this new response has come about in educational reforms that reflect a general dissatisfaction with the overall behaviour and academic performance of today's children. Not only are we saying that new skills are missing and must be developed, but many children do not have the so-called 'basics'. Society's dissatisfaction is not only with a lack of formative educational skills, but it appears that students today also require more of the social skills associated with the ability to learn: motivation, self-confidence, initiative and sense of belonging. This reality has both parents and schools struggling to find solutions, often with both blaming each other.

This struggle has spilt over into the community. Methods for supporting children have been found or 're-found' in this larger social context which no longer separates educational issues from familial or societal ones. Two initiatives which have become mainstream to bridging this gap have been mentorship and service learning projects. The concept of mentorship has become institutionalized in North America within the past decade or so. No longer is it left to chance that a child will naturally find an individual who will guide and inspire them. Schools, communities and social service organizations are promoting the concept to ensure that children have an interested adult involved in their lives. This notion is promising and has yielded favourable results for many, however it would be naive to assume that the supply of 'capable, interested, caring adults' can meet the demand. In other words, not all child rearing problems can be solved by this initiative.

Another community/school response has been service learning. Communities, organizations and schools are tapping into this resource by having students explore their local communities in terms of service projects, and/or field experiences. Service projects

have been infused into both the U.S. and Canadian curriculae, and such projects have an instant appeal because of their ‘win-win’ potential. In short, the community benefits in a tangible way because of the initiative and children are provided with an authentic learning experience.

Besides these gains, it is generally believed that there are emotional benefits for both the community and the children who engage in community service learning. Such programs have been touted to build a better community, and in this regard, enhance spirit and pride. It is also assumed that those involved develop and strengthen their values of social competence and responsibility. Such experiences in turn, provide a sense of empowerment to individuals and communities in terms of potential and real opportunities.

Although key stakeholders have wholeheartedly embraced this trend, one stakeholder group, the parents, seems to be left out of the mix. Parents are caught in a unique bind in terms of their involvement with such projects. Not all schools and communities actively seek their participation, and not all parents actually want involvement. Many parents are struggling themselves in learning how best to raise their children in an era of competing time demands and complex family structures. This struggle and lack of time often has parents responding only to the immediacy of personal issues within their own family. For some, it may appear easier to allow others in “the village,” to take over the raising of their children.

While educators and parenting experts alike have been very clear in coaxing parents to ‘get involved’ with their children, the reality is that how to get involved is not always clearly defined, or understood. Further, when families themselves are seen as ‘the

problem,' it is often easier to ignore them in the solution and leave well enough alone.

However, a clear message has been sent by society through our governing bodies, that educational issues should no longer be segregated from familial/social issues, and participation/involvement will require reinforcement on all fronts. After all, included in the principles for life long learning is the ability to work together toward common goals.

The purpose of this study is to assess the nature of parental support for children in a local community service project. This assessment will focus on the parental perceptions of such support. The project is the Kid's Alliance Project (KAP), a community development initiative of the City of Windsor, Campaign 2000, chaired by the Mayor of the City.

This study has three objectives: 1) to determine how KAP parents view the actual program and community service in general; 2) to determine how KAP parents support their children; and, 3) to examine variables which may impact on either the support provided to their children or their perceptions of the program. The latter includes demographic factors, obstacles to support, knowledge of the program, perceptions of its importance and purpose, family coping responses and family problem solving. The implications of this study are directed toward educators, policy-makers, parents, community service providers and the students who participate in such programs.

### **B. The KAP Program**

The Kid's Alliance Program (KAP) is a community development initiative of Legal Assistance of Windsor which provides leadership to service programs operating in neighbourhood compensatory schools in Windsor, Ontario. KAP began in January of 1998

as one program in one school. It has since expanded to seven schools. Funding is from the Trillium Foundation, and it was granted to develop a project which would respond to children living in poverty in Windsor and Essex County. It's premise can be summed up in an excerpt from the grant application,

We believe that low-income youth will become neighbourhood and potentially, community leaders. We hope that through the success of their community development activities, access to local power and political systems and opportunities and their relationship with the Blue Ribbon Committee, youth council members will experience increased confidence, self esteem and leadership qualities. As a result, more children in Windsor and Essex County will realize their full potential for achievement and more at-risk neighbourhoods will be healthier communities. (Medcalf, 1999, Ontario Trillium Foundation Grant, p.4)

Central to the development of the program was to ensure that there was collaboration from the community. The project's administrative office is housed in Legal Assistance of Windsor. It is managed by a Resource Committee made up of 10 community and business members, and is operated in schools through the development of a Youth Council at each school. Youth Council members are the KAP members for that school. (See Appendix A for an organizational flow chart of the program.)

The principal and school staff recommend students based on an assessment protocol provided by KAP. Membership is voluntary, and students who wish to join also complete an application. Their parents complete a consent and feedback form. The assessment process attempts to discover children who appear to have leadership potential but may be at-risk for underachievement. Besides leadership qualities, the assessment also asks questions that relate to resiliency and commitment to the program. (See Appendix B for sample forms.)



It is the role of each Youth Council with an adult facilitator (a social worker) to identify community problems and suggest strategies/solutions to address them. Over a year, each council would typically become involved in two or three large community projects. Examples of projects have included: park festivals, clean ups, anti-racism campaigns, a safety forum, drama productions, a help column in a school newspaper, and the building of a basketball court. Projects typically have community partners who provide resources required for the project. In an effort to build such partnerships and raise the profile of the program, students have given presentations to both local government and service groups.

It is expected that from these experiences, youth will begin to believe that they are a valuable resource to their community, and also that they are capable of effecting positive social change. The goals of the program include improvements in both personal and team work skills, an improved sense of both community and community service, and an improved image of youth in their neighbourhoods. The vision of the program, as written in their 2000 brochure, is “raising the self-esteem and confidence of school aged youth by assisting them to improve the quality of life in their neighbourhoods in Windsor and Essex County” (KAP Brochure, 2000).

### **C. Definition of the Terms**

*Attitude toward service* refers to an individual’s belief about the effectiveness and meaningfulness of volunteering. For the purposes of this study the eight statements defined in the Service Attitude Scale will define the attitude (Parker & Franco, 1999).

*Compensatory schools* are those schools designated to receive “compensation” in

terms of funding and services because of certain neighbourhood factors that have been identified with academic risk. These include neighbourhoods with larger numbers of new Canadian with English as a second language, larger numbers of single parent households, lower than average income levels, and lower academic achievement. Data outlined in Canadian census tracks are used to determine eligibility.

*Community service* is defined as activities that enhance the well-being of a community and its members. More specifically, it refers to the various community projects of KAP.

*Family coping responses* refer to the efforts/responses a family makes when faced with a problem. For this study, 24 specific responses are defined in the Family Coping Index (McCubbin, Thompson & Elver, 1996). The specific responses assessed include behaviours about asking for help, sharing problems, requesting feedback, seeking information, acceptance and having faith.

*Family problem solving* refers to the types of communication patterns and processes that family members utilize when they are under tension and strain. For this study, ten specific communication responses are defined in the Family Problem Solving Communication Scale (McCubbin, McCubbin & Thompson, 1996).

*Impact variables* refer to factors which can impact on parental involvement. For the purpose of this study, these include both demographic characteristics, program perceptions and five standardized scales measuring attitudes toward service, parental satisfaction, family problem solving, family coping and perception of social support.

*KAP parents* refer to the primary caregivers of participants in the program. The

primary caregiver is the legal parent or guardian with whom the child lives the majority of the time. In cases of two parent families, the parent providing the primary care was determined by the name the student provided for study purposes.

*Parental support* refers to supportive actions a parent undertakes with regard to their child's involvement in an activity. It is demonstrated through the engagement in certain behaviours which imply either direct or indirect support. Examples of indirect support could include discussions with the child about an activity, praising the child's effort, or becoming informed about a particular activity. Direct support includes attendance at events, speaking to significant others who are involved and participating in enabling/helping activities such as volunteering or provision of goods/services.

*Obstacles to support* refer to parents' perception of factors which may undermine their ability to support. Examples are a lack of time, resources, confidence, knowledge, health, interest or social support.

*Social support* refers to the level of help or assistance one can count on in either daily living or difficult situations. A seventeen item scale called the Social Support Index is used in this study to define this concept (McCubbin, Patterson & Glynn, 1996).

*Service learning activity* is presently a U.S. term describing initiatives where students provide service to their community as part of their school's curriculum. It has been institutionalized through *The 1990 Community Service Act* which is designed to encourage school based community service (Schiene, 1996). The Kid's Alliance Program is not sanctioned through legislation nor open to all students in the respective schools, however, it appears to operate with similar outcomes for both the students and

community.

*Students in KAP* are grade seven and eight students in participating schools. The principal and staff of each school select approximately seven students entering grade seven who are perceived as having leadership skills. The grade eight students in the program are the returning students from the previous year. Typically, they range in age between 12 and 14 years.

#### **D. Review of the Literature**

An overview of literature concerning adolescent development and achievement reveals primarily that a growing number of North American children are not reaching their potential in either school or later life. Research concerned with this dilemma has examined both samples of at-risk children who have fallen into the underachievement trap and those who did not (Gerard & Beulher, 1999; Marchant & Medway, 1987; Maton, Habowski & Grief, 1998; Pitt & Bowen, 1994; Reed, McMillan, & McBee, 1995; Vowell & Howell, 1998). Research has also examined initiatives which have responded to this reality (Bagley & Pritchard, 1998; Bulkeley & Cramer, 1999; Fletcher, 1999; Leland-Jones, 1998).

The majority of this body of research has been conducted with children in schools of Western societies and it has been exploratory or quantitative-descriptive in nature. The precise research methodologies utilized reveal a great deal of variation among these studies. This variation appears to be dependent on the focus of the study, orientation of the researcher and the sample size. All are however, considered to hold some merit for their contribution to an issue that is topical, timely and complex.

The largest studies involved U.S. national educational data sets using regression/factor analyses to determine relationships between numerous predictive variables (Fanzel & Blyth, 1986; Fehrmann, Keith, & Reimers, 1987; Heiss, 1996; Shi-Chu & Willms, 1999; MacKay and Stone, 2000). These national data bank surveys appear to be comprehensive and insightful in identifying various generalizable trends. However, there are limitations. The length of time between actual data collection and the dissemination of findings is often delayed. For example, Heiss (1996) presented data from a decade earlier (1980 and 1982). Similarly, Shi-Chu & Willms (1996) and MacKay and Stone (2000) reported on 1989 data sets. Also, these researchers are not involved in the actual construction of the questions, and basically define their variables from what was provided. The implication here is that researchers have to import their assumptions to these data sets for secondary analyses purposes. Also, researchers are unable to follow-up on the data set. This problem was exemplified with parental involvement data. Specifically, it was noted that while interactions/contacts could be quantified, the quality and reason for interactions around school conversations could not be determined. As a result, conflicting findings about parental interaction and school contact have been found – school contact and parental interaction have been related both positively and negatively to achievement (Shi-Chu & Willms, 1996).

Also evident in the literature, were smaller scaled studies which afforded the researcher the opportunity to design, select, and/or control variables and measures prior to their testing. Their purpose appeared to allow researchers to conduct more in-depth, and/or individualized examinations of subject areas. While this can reduce overall

generalizability, it does allow for a closer examination of the variations of risk, resiliency and parental involvement.

In terms of at-risk variables, many studies were large and rigorous enough to allow for statistical analyses to report on associations, correlations and predictions between variables (Anderson & Henry, 1994; Buhrmester, 1990; Cellessen, Van Ijzendoem, Van Leishout, & Hartup, 1992). In short, these studies fall into a category that Franklin (1999) described as laboratory or university controlled studies concerned with empirical efficacy. Overall, they are well controlled, have structured interventions (usually interval scales), reliable and valid outcomes, and demonstrated results.

For some researchers, their purpose was not only to identify trends, but also to construct theories on which to ground practice. Most notably here are researchers who have incrementally built on their findings to further knowledge and theoretical assumptions as well as to suggest further implications. In terms of developmental risks and school, the research here is represented by Feldhauser & Eccles (1989), Midgely & Feldhauser (1987) and Midgely, Feldhauser, Midgely & Eccles (1988).

More recently, Bowen, Richman, Brewster and Bowen (1998), and Bowen, Rosenfeld, Richman, & Bowen (1998; 2000) examined both the nature of various support systems as well as the school environment on resiliency and risk. In terms of parental involvement, similar trends can be found as researchers have put forth assumptions about involvement and attempt to build a theoretical and empirical base around them (Chavkin, 1989; Dauber & Epstein, 1991; Epstein, Salinas & Horsey, 1994; Hoover-Dempsey, Bassler & Brissie, 1992; and Hoover-Dempsey & Jones, 1997).

On the other end of the research continuum are some very small research studies, namely practitioner/teacher based investigations and formative evaluative studies. The rationale for finding value in such studies appears to be based on the fact that there is a place for such research which is more concerned with the idiosyncratic differences between groups or individuals, and the effectiveness (i.e., outcomes) of particular interventions, practitioner qualities, and strategies (Franklin, 1999; Useen, 1992).

Such studies are more open to theoretical flaws in that their reliance on data is much more tied to the integrity of the researcher in terms of the methodology and collection procedures. This research is represented by studies conducted by direct practice professionals on small groups or with a classroom cohort and formative evaluative research studies. The latter frequently utilized anecdotal and qualitative techniques to describe key elements of a program's successes and failures, linking it to a theoretical base. Here, the merit or value of these studies in terms of internal and external validity, may be reduced significantly. The review presented here not only provides an overview of research based on empirical efficacy, but also research that by its design, size and rigor infers future areas of research.

The amount of research available on adolescents has moved past its formative stage of exploration and identification however, it is still evolving conceptually as the associated problems and responses are continually defined and re-defined. As such, the literature presented will attempt to reflect such an evolution. Eventually the review focuses on specific aspects of the responses to these problems and the nature of parental involvement.

The research on adolescent problems first tended to focus exclusively on responses to risk factors however, recently it has shifted toward the concept of resiliency in youth and how to develop it. This re-definition or new perspective has influenced how research evaluates the problems and suggests various responses. Specifically, resiliency responses have evolved from identifying individual factors which protect or buffer youth into multi-dimensional programs that respond to them on a number of coordinated fronts.

The school's role in addressing the issues of risk and achievement has proven a viable and logical environment in which to address underachievement. While the school has come to the forefront as an ideal setting to facilitate preventative and protective responses, families and communities are also identified in the literature as having an important role to play in responding to adolescent issues. The literature review has been organized into the following four sub-headings: the nature of risk in early adolescents, the nature of resiliency in early adolescence, programmed responses for risk reduction and resiliency, and parental involvement.

#### The Nature of Risk in Early Adolescence

Understanding the nature of risk factors among adolescents has proven to be complex, multi-faceted and unique to each individual. Generally speaking, much of the reviewed research suggests that there are the existence of particular life circumstances or personal realities in an adolescent's life that either enhance achievement or trigger risk. The literature has evolved so that it no longer identifies individuals as at-risk per se, but rather specific behaviours and environments are defined as having risk potential. In the field of education, risk potential behaviours are identified as those that almost always



contribute to underachievement. These include: poor academic achievement, substance abuse, delinquency, dropping out of school, increased sexual activity, aggressive behaviours and harsh parenting (Gerard & Beulher, 1999; Lintos, 1991; Petit, Bates, Dodge, & Meece, 1999; Rodger, 1991).

Personal characteristics associated with risk include low self-esteem, poor self-concept, cognitive/intellectual difficulties, poor coping skills and poor social skills (Hauser, 1999; Hepler, 1997). The presence of any of these factors is seen to contribute to an individual's alienation, and/or exclusion from positive experiences. For example, research comparing the nature of reciprocated friendships between peers in approximately 200 children reported that those who were less prepared or capable of socializing at school were more likely to be shunned by their peers and excluded from activities (Buhrmester, 1990). Others reported that they are also more likely to become involved with "fringe" youth groups as well as in activities like truancy, substance abuse, or delinquency (Rosenfeld, Richman, & Bowen, 1998).

The loss of social experiences is suggested to have a compounding effect, in that it not only impacts on social and cognitive skills but also on academic success (Cillessan, Van Ijzendoorn, Van Lieshout, and Hartup, 1992; Parker & Asher, 1987). For example, shunned students lose opportunities to learn how to enter ongoing activities, to problem solve and to communicate effectively, which in turn, further compound their adjustment and achievement, in general (Parker & Asher, 1987).

While negative outcomes associated with risk in early adolescence are not exclusive to this age group, it has been deemed that the frequency of life or developmental

transitions among this age cohort is a concomitant factor contributing to risk. In theory, early adolescents have been described as being potentially more capable of both integrating different ideas, groups and wanting such challenges. In reality, it has been suggested that many adolescents do not always cope with such changes and feel overwhelmed. Baer (1999) put forth these notions in her critical summary of educational literature in the area of adolescents and school transition. She described the problem from a systems perspective as a lack of synchronicity between the adolescent's developmental tasks/needs and the school environment. What is of most relevance perhaps is that she imports the findings from one discipline [education] and transforms them into the viewpoint of another [social work].

Much of the research on which Baer bases her theoretical critique, focuses on research using longitudinal data on approximately 2,200 students in Michigan who were making the transition into middle school. The collection methods of this research utilized both survey and observational data over a two year period. Findings from the data set were reported in a series of studies over time as researchers used them support and build on the assumptions they found. One notable and consistent finding is that adolescents did feel overwhelmed. This is indicated by changes in their responses before and after moving to middle school. A potential cause was suggested to be that a perceptual change in how adolescents begin to view their own ability from one of effort or trying to one of capability or outcome, accounts for their feelings (Feldhauser, Midgely & Eccles, 1988).

Another suggestion about adjustment problems is that a heightened focus on self and the changes experienced, left some feeling vulnerable in knowing how to act and

respond appropriately (Wingfield, Eccles, MacIver & Reuman, 1991). It should be noted that while students reported both before and after they moved to middle school, no comparison group of children not making the transition was used. Other studies on this Michigan data set also found environmental factors, notably the school environment and teachers to have a contributing effect on adjustment, thus corroborating that risk is a multivariate phenomena (Midgely & Feldhauser, 1987).

A spiral or cyclic effect of underachievement has often been proposed when considering environmental factors associated with risk. For instance, negative environmental/social conditions are often seen as precursors to further underachievement. Students who attach themselves to a negative peer group [because of not fitting in], are more likely to engage in other negative activities such as substance abuse, truancy and delinquent behaviours (Parker & Asher, 1987). Similarly, children who move frequently, are identified as at risk of not fitting in. This in turn, impacts negatively on achievement and behaviour at school (Merchant & Medway, 1987; Pitt & Bowen, 1994).

Feelings of alienation or not belonging are frequently discussed as a common risk variable resulting from many situations. Rosenfeld, Richman and Bowen's (1998) research with more than 2,000 youth in the south-eastern U.S. found that those youth who self-reported fewer social supports described bleaker realities than youth reporting average amounts of support. Specifically, the youth with fewer supports reported life circumstances which included more frequent moves, less school attendance, more work for pay outside the home, lower peer group acceptance, lower self-esteem, less disclosure at home and a belief that their adult caretakers both monitored them less and were less

interested.

An overall lack of interest in children and youth has been described as a lack of nurturance and a lack of involvement, both of which have been found to put this group at-risk (Dryfoos, 1990; Rosenfeld, Richman, & Bowen, 1998; Thornberry, Huizinga & Loeher, 1995). A lack of nurturance is often associated with poor parental bonding and is said to be a consistent and generally accepted variable related to violent and abusive behaviours such as delinquency, substance abuse and promiscuous sexual activity (Dryfoos, 1990; Elliot 1994; Thornberry, Huizinga & Loeber, 1995). Similarly, a lack of parental supervision has also been linked to such behaviours (Dryfoos, 1990; Rogers-Boyce, 1999).

Parenting styles have been found to impact on risk and many researchers have attempted to further define the phenomenon. In an ethnically mixed sample of 3,993 American adolescents, a self-report questionnaire on parent-child interactions found that over-involved, controlling parental behaviour is linked to an underdevelopment of self regulation, and lack of self competency in children. For some, neglectful parenting is related to passivity in children. Here, risk behaviours in children were defined as the absence of productive, self enhancing activities and behaviours (Radziszewska, Richardson, Dent & Flag, 1996).

Other familial issues affecting risk include family structures that impact on a parents' resources to parent effectively. For example, in a study of approximately 2,300 adolescents, family structure was found as a substantial intervening factor impacting on discipline problems for single parents with low SES who also worked (Heiss, 1996).

Ethnicity was found to influence both the home learning environment and cognition, as a result of a mismatch between the cultural norms taught and advocated in North American schools and society. These results are confirmed in both a large study of national trends and smaller studies of specific ethnic practices (Castro-Lewis, 1994; Chavkin, 1991; MacKay & Stone, 2000). As well, parental substance abuse has been correlated with use among adolescents (Anderson & Henry, 1994). While this finding was not new in itself, it does present an interesting example in terms of its implications. Substance abuse is often associated with parenting problems as it has come to imply not only poor modeling, but poor parenting in terms of emotional neglect (Dryfoos, 1990).

Gerard and Beulher (1999) attempted to isolate specific familial factors associated with behavioural problems of youth. They found that in terms of overt parental conflict, poor child rearing practices and economic hardship, only the latter two were deemed as risk factors. Further, each variable was also found as relating to a different type of response. For instance, poor child rearing was associated with externalized or overt behavioural problems and economic hardship was related to internalized behavioural issues such as self concept.

Vowell and Howell's (1998) explanation of delinquency examined socio-economic status (SES) as a potential risk factor provide a generalized theory about how to perceive the impact of risk factors. They propose that social disorganization increases an individual's perception of blocked opportunities which in turn, decreases their social controls, and increases the likelihood of delinquent acts. In their examination, neighbourhood decay resulting from poverty is identified as a primary factor of social

disorganization. The social controls affected are described as school involvement, attainment and commitment. Specific community factors suggested as contributing to risk among inner city children include the lack of recreational facilities and housing, unemployment and crime. In a separate study, 56 teachers working in an U.S. inner-city school system were asked about their experiences and opinions on the school factors related to risk. They identified large class sizes, limited school resources, school gangs and violence (Johnson, 1997).

Other risks that are often associated with the school include truancy, dropping out, and poor academic achievement (Welhage, Rutter, Smith, Lesko, & Fernandez, 1989). For example, children who were truant typically also had either poor academic success and low participation in extracurricular activities, or both in a cyclic pattern. While only an associative relationship between these factors can be inferred in related studies, it is evident that such factors exacerbate other problems over time. For example, students who actually dropped out of school self-reported a lower sense of efficacy, lower self-esteem, lower test scores, lower educational aspirations and felt less safe than their counterparts in school (Boyd & Tashakkori, 1994; Bryk & Thum, 1989).

Research has also implied a mismatch between typical adolescent growth, developmental challenges and the school environment itself. This vulnerability is highlighted by comparing those students who remained in elementary school for their higher elementary grade, and those who moved to middle school for these grades. The findings suggest that those students who made such a move exhibited more problems including less participation, lower self-esteem, increased behavioural problems, and poor

school performance (Fanzel & Blyth, 1986). Further, girls were found to be more negatively affected by the move to middle school. Earlier pubertal changes were also suggested as a contributing factor here.

Still other research examining the impact of middle school has focused on teaching styles. From observations of the actual teaching styles of middle school teachers, Midgley & Feldhauser (1987) propose that these teachers are less able to respond to the academic and developmental needs of the early adolescent. Specifically, a greater emphasis on classroom control and discipline was identified as inhibiting the learning environment for the 2,200 students in the study. This emphasis in turn, is seen to both lower teacher's expectations and lessen teacher efficacy. When this is communicated to vulnerable at-risk students, it impacts negatively on their self concept and self reliance (Midgley, Feldhauser, & Eccles, 1989). This research may be enjoying a revival in popularity at this time, as the issue of school size and warmth of the school environment is receiving more attention in recent years (Bates, 1993; Howley, 1995).

In summary, the reviewed research on risk and adolescents suggests that risk can emerge from a number of areas including personal characteristics, families, peers, and environment. Indeed, even the adolescent's developmental stage can be a pre-disposing factor. In general however, the literature appears to explain external factors such as peers, family and environmental conditions as the precipitating ones which set up the 'at risk' conditions. The classification ascribed to personal characteristics and behaviours of the adolescents themselves are less clear cut. Typically, undesirable behaviours were often deemed as resultant factors which further fueled character and behavioural problems.

Character attributes were viewed as the predisposing factors in risk situations.

Most factors associated with risk are deemed as both predisposing/precipitating factors and resultant factors. For example, did poor social skills cause the social isolation and involvement in risk behaviour, or did the social isolation cause the development of poor social skills? It was common for the identification of risk factors and their antecedents to propose a cyclical explanation using interrelated factors to account for both cause and effect.

### The Nature of Resiliency in Early Adolescence

As indicated earlier, the examination of risk has evolved to explore why some children, despite their circumstances and characteristics do not underachieve. This body of research focuses on children who defy the odds and succeed despite their so-called at-risk profiles. It has become known as resiliency research. Rather than being able to definitively understand the causal relationships of this issue, some researchers have settled for describing situations and characteristics that appear to facilitate development. From this, some researchers have then put forth theories or assumptions as to 'why' some children are resilient (McCubbin & McCubbin, 1988, Reed, Memillan & Mcbee, 1995; Strobino & Savatarra, 2000; Thornberry, Huizinga & Loeber, 1995).

The number of children who fall into the category of resilience has been significant. The frequency of resiliency reported among children has ranged from between one-fifth and one-half of at-risk children (Bernard, 1993). Such findings are encouraging since they imply that if success was achievable for some, it is also achievable for others (Winfield, 1991). The question driving this type of research is, "what particular variables in an



individual's person or environment can stand up to adversity?" As such, the notion of being able to withstand pressure appears central in identifying resiliency. Such factors have been labeled as 'protective' and are defined as variables in life conditions, personal characteristics, and/or coping skills, which enable an individual to cope and overcome life stressors and problems (Bernard,1993).

As with risk and underachievement, resiliency variables are viewed as interrelated and cyclic in nature. For example, Reed, McMillan and McBee's (1995) small exploratory study using interviews, suggests that the personal characteristics of self-efficacy, goal oriented optimism and coping abilities are influenced by certain environmental factors, such as the presence of a significant adult, and/or involvement in positive activities. Self-efficacy and optimism are salient here because of how they relate to one's perception of self, the environment and obstacles. In this regard, Reed et al., (1995) found resilient youth to be more optimistic in that they felt they had some control over their own lives. They are also likely to give messages of persistency such as "don't give up", to other children. Earlier, Robinson's (1989) study of resilient children described them as having feelings of self regard, and power for influencing the events around themselves.

Bernard (1993) describes resiliency in terms of social competence and autonomy and adds the capacity for problem-solving and a sense of purpose and future. He describes the capacity for problem-solving as the ability to think abstractly, reflectively and flexibly, and more importantly, the ability to learn from a previous experience. Strobino and Salvaterra's (2000) study of military children reveals that students with good coping skills are more adept at learning how to become readily integrated into a new school setting.

The development of such skills are seen as being positively influenced through a combination of problem-solving skills, social skills and parental abilities which both support and facilitate integration. Additionally, parental support and involvement are seen as facilitating the first two, implying that coping skills require support and can be developed and fostered in a child, rather than innate traits a child either has or does not have.

Families of resilient children do not have to be functional on all fronts. For example, in a study of 335 pre-adolescents, marital discord did not impact on a child's externalizing (acting out) behaviour as significantly as poor parenting skills (Gerard & Beulher, 1999). In the same study, economic hardship was linked to internalizing behaviours. What may be implied is that a family's ability to focus positively on the child, regardless of other factors is salient. Early research by McCubbin and McCubbin (1988) with non-white resilient families identifies specific behaviours of these families which indicate a child centered focus. These include parents that are supportive and available when needed, provide a harmonious living environment, have strong beliefs and standards, and celebrate and value life events. Thornberry, Huizinga and Loeber's (1995) work identifies three protective factors relating to parental behaviour: higher levels of parental supervision, strong attachments to parents, and association with peers that met with parental approval.

While parental support is considered a key element among resilient children, there is some research to suggest that another caring individual can sometimes also make a significant positive difference, (e.g. a mentor, family friend, or peer) (Bembry,1995).

However, it is unclear whether such support is truly interchangeable. Two large research studies ( $N > 1,000$ ) indicate that the nature of support from teachers, peers and parents is viewed differently by adolescents (Rosenfeld, Richman, Bowen, 2000; Van Beest, & Baerveldt, 1999). Van Beest and Baerveldt (1999) went on to explore this impact using three hypotheses and correlational analysis: 1. adolescents who experience minimal parental support will compensate for it from peers; 2. a lack of parental support will not be compensated by peer support, because such compensation is impossible; and, 3. adolescents in these circumstances lack the opportunity or ability to gain support. Only hypothesis 2 was supported -- peer [child] support will not replace parental support (Van Beest, & Baerveldt, 1999). Thus, it appears that while all types of support have value and may be able to compensate for an absence of parental support, it can not fully replicate its overall value and purpose.

Research on mentorship however, indicates that another supportive adult can provide a positive influence (Hurley and Lustbader, 1997; O'Donnel, Michalk & Ames, 1997). Research on mentorship programs, as in the case with studies cited here, was typically more qualitative-descriptive and anecdotal in nature. For example, O'Donnel et. al.,'s (1997) study only asked the 54 mentors about the perceived benefits. Moreover, the outcomes of these studies often focused more on continuation in a program and school related indicators of success such as grades and truancy than measures associated of family factors (Hurley and Lustbader, 1997; Reglin, 1997). Further research is needed in terms of comparing the nature of achievement and resiliency between children with supportive parents and children with a supportive mentor.

Research focusing on the school environment found a number of protective factors be interrelated. These included: the students' perception of the degree of warmth and safety at school, and level of competence both academically and socially (Superstein, 1994; Voekl, 1995). Similarly, a comparison of the quality of interaction with teachers and administrators, and its congruence with parenting styles at home was also found to positively influence achievement in a study of 230 students (Paulson, Marchant & Rothsberg, 1998).

The nature of the school environment can be viewed as more important when other elements in the child's life are weak (i.e., the family, and/or community were compromised). How much impact the school can have however, depends on school safety. Specifically, Bowen, Richman, Brewster and Bowen (1998) found that perception of school danger impacted negatively on other school related protective factors such as school coherence and teacher support. School coherence was the term used to define a student's perception of their abilities to comprehend, manage and find meaning in a school's environment.

In summary, the resiliency research discussed above presented information on how some individuals who fit the classic 'risk profile' achieved, despite their risk potential. The protective factors which serve to buffer 'becoming at-risk' are related to personal characteristics, life conditions, positive peer relationships, support at school, parental support, and a set of coping skills which enabled adolescents to overcome life stressors. In analyzing these studies collectively, what became obvious was the importance of the perceptual lens that the adolescent used to view and in turn, overcome various risk

factors. In short, resilient adolescents seem to see the cup as 'half-full' rather than 'half-empty'. They also view various potential looming risk factors as challenges rather than problems. Their continual perception of positive social supports at home, with friends, and at school sustain them and cause them to indeed be resilient.

### Programmed Responses for Risk Reduction and Resiliency

While this review of the literature has separated risk and resiliency for discussion purposes, the literature itself does not. Risk and resiliency are seen as inverse relations -- increasing one decreased the impact of the other. This reality has been addressed by Kirby and Fraser (1997) in Table 1. Their framework succinctly summarizes the factors of risk and resiliency on a number of levels and is a useful tool for conceptualizing about programmed responses.

**Table 1 - Common Risk and Protective Factors for Serious Childhood Problems:  
An Ecological and Multi-Systems Perspective**

Systems Level	Risk Factors	Protective Factors
Broad environmental conditions	Few opportunities for education, employment, growth and achievement	Many opportunities for education, employment, growth, and achievement
Family, school, and neighborhood conditions	Child maltreatment Inter-parental conflict Parent psychopathology	Social support Presence of caring/supportive adult Positive parent-child relationship Effective parenting
Individual psychosocial and biological characteristics	Gender Biomedical problems	"Easy" temperament as an infant Self-esteem and self-efficacy Competence in normative roles Higher intelligence

Source: Kirby, L.D. & Frazer, M.W. (1997). Risk and resilience in childhood. In M.W. Frazer (Eds.), Risk and resilience in childhood: An ecological perspective (pp. 10-33). Washington, DC: NASW Press.

There are numerous programmed responses for adolescents who were identified as needing skill building around resiliency or supportive environments described in the literature. The literature examined both small singularly focused responses such as specialized/therapeutic groups and classroom projects, as well as large comprehensive responses involving simultaneous interventions utilizing different community groups or stakeholders. The specific types of responses in the literature include: i) academic tutoring; ii) social skills strategies; iii) health promotion strategies; and, iv) service learning strategies. The latter has evolved as a result of a shift in the orientation toward inclusion for a collective good in addition to individual growth and achievement. In other words, youth are not only to be more responsible for themselves but society, in general (Perisco, 1996).

Small distinct programs in the literature tended to focus on developing a particular skill as important in preventing risk. The generic skills being developed and fostered in such programs include academic or personal/social competence, social responsibilities, problem solving and a positive outlook for the future (DeMar, 1997). Delivery of such programs often includes a direct instructional component, however actual methods, training and leadership can vary across programs (Bulkeley & Cramer, 1999; Graham, 1998; Wasik, 1998).

Tutoring programs are an example of the type of small, rather prescriptive programs operating in both schools and community settings. Academic success tends to correlate with programs that appear to have some degree of intensity. In the literature,

intensity is defined as more frequent tutoring sessions, the ratio of children to tutors, and/or the sensitivity/individuality of the teaching methods (Bulkeley & Cramer, 1999; Greenwood, 1992; Maheady, Mallette, & Harper, 1996; Wasik, 1998). Along with academic success, an analysis of such programs also found a reduction in behavioural problems and absenteeism (Leland-Jones, 1998). This implies that successful intervention with one problem can indeed have a cumulative protective impact on other risk factors.

Some tutoring programs attempt to extend the benefits of tutoring with other prevention concepts such as mentoring and service learning (Leto, 1995). For example, expanded tutoring programs are described as using adults/teachers who not only tutor, but act as mentors getting involved in other areas of the students' lives. This then provides an additional protective factor by way of a concerned/significant adult in their life (Bembry, 1995; Hurley & Lustbader, 1997). In this regard, O'Donnel, Michalak & Ames's (1997) examination of a program describing youth as tutors for younger children, indicated that the bonding between younger children and youth promotes an internalization of pro-social behaviours and values to both groups. They further suggest that such a benefit should be structured in planning, as a specific outcome of peer tutoring programs.

Social skills training programs have primarily focused on improving specific behaviours which promote a child's inclusion in positive life experiences. As indicated by their name, they generally offer social skills that help children enter into positive engagements with others [i.e., how to make friends/resolve conflicts], as well as other benefits such as increasing self-esteem, assertiveness and social competence, learning how to curb both impulsivity and aggression, and how to problem solve (Bulkeley & Cramer,

1999; Forness, Sweeney & Wagner, 1998).

Such programs have met with varying degrees of success. For example, Forness, Sweeney and Wagner (1998) found that ADHD children respond better than other children to social skills training. Demar (1997) found reality based or experiential groups are more successful than traditional group work formats. Bulkeley and Cramer (1999) reported better success with social skills training when strategies are modified to accommodate individual differences. Such findings imply that facilitators of these programs require a better conceptual understanding of the program with which they are involved (Graham, 1998). Similarly, Franklin (1999) suggests that research on such programs requires not only an examination of outcomes and program components, but also the specific skills and processes a practitioner employs.

A lack of a conceptual understanding, and/or use of specific frameworks is problematic with social skills programs (Mathur and Rutherford, 1996). In this regard, Mathur and Rutherford (1996) list a number of other issues plaguing the effectiveness of social skills training programs. Included are vague operational descriptions, inattention to contextual factors, and a failure to achieve generalization. The latter is considered a recurrent problem for many small group interventions (Jones, 1993; Thompson, Bundy-Kaarre & Wolfe-Wende, 1996). In short, it appears that life long learning and the actual application of social skills does not materialize for many who participate in such groups. Such failure is often attributed to the fact that group participants don't relate knowledge back to their world (Thompson, Bundy & Wolfe, 1996). For example, Cirillo, Pruitt, Clawell, Kingery, Hurley & Ballard (1996) found social skills training ineffective as



adolescents continued to hold a greater belief in violence as a real life coping strategy than anything they learned in training.

Overall, what appears to emerge from this mass of literature about such programs is that: i) most were delivered within a school or neighbourhood context, i.e., school/after school groups; ii) the more effective programs were interactive or experiential in nature; iii) most have evolved from problem to solution focused; iv) most recent research discussed program issues in terms of risk and resiliency; v) better preventative interventions were often recommended; and, vi) most had varying levels of success.

Health promotion reflects another type of response for adolescents. Here the initiatives appear to be an evolution toward styles of responses that would be inclusive in scope and preventative in nature. To do so, facilitators and proponents have grappled with the assumptions, implementation realities, and effectiveness of other types of responses. For instance, research on substance abuse programs found that a traditional educational response (i.e., provision of information) has not always been effective in terms of making a behavioural impact on underage drinking (Hawkins, Catalano & Miller, 1992). Programs using an intervention aimed at the social-cognitive level have been suggested as more effective (DuRant, Getts, McCloud, Linder & Woods, 1996). This focus on the psycho-educational model emphasizes the need to create a mental shift in perceptions and values, if the goal is behavioural change (Bagley & Pritchard, 1998).

The assumptions behind some of the health promotion programs are discussed in the literature as promoting neo-learning theory (Kelley, 1995). Key assumptions behind this theory are threefold: 1. children are born with a natural capacity for healthy

psychological functioning; 2. children learn to incorporate into their belief systems alienated frames of reference which are molded by ongoing negative conditioning, i.e., the continuous exposure to conflict, negative beliefs, poor coping, unhealthy parenting and family functioning, and/or other unhealthy relationships; and, 3. it is possible to draw out children's natural, healthy functioning (Kelley, 1993). It is this latter assumption on which health promotion and prevention programs are often based. Early evaluative research on what was most important about such programs indicated that it is the relationship between staff and project youth which draw out and influence attitudes, rational problem-solving, pro-social behaviours and motivation toward educational goals (Peck, Law, & Mills, 1987; Wehlage & Rutter, 1986). A limitation however, to health promotion strategies suggests that such interventions do not start early enough in the life cycle to remove or counterbalance already developed or ingrained perceptions (Welhage, Rutter, Smith, Lesko & Feranadez, 1989). Earlier intervention also implies that responses could be more pro-active than reactive in nature, thus capitalizing on building protective factors.

Another limitation of such programs has been the lack of significant supportive and complementary strategies to offset persistent and ongoing negative influences. These strategies include parenting programs and alternative activities for youth (Dryfoos, 1990). It should be noted however, that while parenting programs are frequently advocated, the short comings of educational programs with adolescents would most likely also apply to parents as well. It is logical to assume that facilitating a perceptual change in parenting styles would likely require the development of a close relationship with a facilitator and the opportunity to perceive of the material as authentic and relevant. In terms of after-

school activities for youth, Fletcher (1999) suggests that such activities provide children with more than just a safe place, but also a structured environment that focuses on building skills of social competence, social responsibility and leadership.

Recently, the focus has been on the need to further refine and develop programs or situations which provide for structurally authentic and perceptually altering experiences. This focus has brought volunteerism and community service projects to the forefront as viable programed responses for adolescents. Such projects are frequently called service learning projects and are offered in conjunction with an educational/supportive component that fosters the development of social and moral responsibility for others (Carin & Keilmeier, 1991).

Similar to the neo-learning theorists, researchers applying social learning theory concepts to such projects suggest that young people acquire both attitudes and behavioural habits through their relationships with others. Of most importance is the purposeful relationships developed in service learning. It appears to provide youth with significant others who both model positive behaviours and communicate expectations, around competence and responsibility (Scales et. al., 1998). Proponents of experiential learning have suggested that service learning experiences dispel any negative or misguided preconceptions that students may have held. This in turn, allows the potential for significant learning in that youth begin to re-think, and/or re-conceptualize their world views (Scheckley & Keeton, 1997).

Examples of service learning programs include involvement in tutoring, caring for younger children, providing peer mediation, sponsoring tournaments and recreational

activities, cleaning up/improving communities, developing community newspapers and initiating writing campaigns (Bembry, 1995; Fletcher, 1999; Hefner, 1988; Leto, 1995; Martz, 1991; Sauer, 1991). These programs have been greeted with much enthusiasm because of the natural fit between the adolescent's developmental stage and the processes of active experiential learning. This has been defined as the need to find an identity, to test oneself, to try on adult roles, to be trusted, to connect with a world beyond the school and family, and to question the world beyond in prevailing themes such as commercialism, violence and authority (Schiene, 1996). For others, the appeal of service learning style projects is that they have the potential to re-focus the at-risk neighbourhood, school or individual from 'part of problem' to 'part of the solution'. Conceptually, this is identified as taking a strengths-based approach to school/community development (Saleeby, 1995).

The literature on service learning since the 90's is considerable. Although most of it is anecdotal and descriptive, collectively, it points to a number of positive outcomes (Kraft & Klug, 1994; Newmann, Secada & Wehlage, 1995). For instance, it has proven to be effective in helping many students, including vulnerable and underachieving students, to connect what they learned to the real world (Carter, 1997; Kraft & Klug, 1994; Newmann, Secada & Wehlage, 1995). In terms of school outcomes, these programs have been associated with decreased drop out rates, increased academic success and improved classroom behaviours (Sauer, 1991). Other outcomes include continued participation, an increase in outreach to other community groups/services, and an increased sense of pride in their community (Martz, 1991; Ponzio, Peterson & Miller, 1994). Perhaps more salient, is the fact that service learning projects have shown the ability to alter school climates and

the accompanying perceptions of youth, providing them with a renewed sense of value, purpose and academic confidence (Dewsbury-White, 1993). Despite such findings, there is still a call for better both longitudinal and systematic research (Twiss & Cooper, 2000).

A notable but not surprising omission in much of this literature is the involvement of parents in program development of responses. In terms of this type of development, the partnerships appear to be primarily between the school and community program (Caurso, 2000; Martz, 1991; Schrenzel, 1994; Twiss & Cooper, 2000). The adolescent and their family are viewed as the 'client' and their role focuses on identifying need, volunteering time and participating in service components such as parent education and skills groups (Panzio, Peterson and Miller, 1994). While these roles have validity, they do not imply a full or equal partnership. The concern of many researcher and practitioners however, is that without true partnership, participation alone does not equate empowerment, nor the subsequent feeling of competence and connectedness families need to effect change in their communities [and schools] (Flynn, Ray, & Rider, 1994).

The specific recommendations made by Panzio, Peterson and Miller, (1994) from their evaluation of a number of 4-H social action programs suggests that facilitators of these types of programs: take a strengths-based approach to assessment (avoid the at-risk label); take time to build community coalitions -- including key formal and informal leaders; provide controlled risks for participants; understand that relationship building is a key component of the program and it will take time; and ensure there is cultural and ethnic relevance. The latter also relates to their suggestion that the use of nationally developed programs must be revised to hold a 'distinct local flavour'. That is to say, how a program

unfolds must be relevant to the needs and resources and strengths of the particular community.

There are notable exceptions where parents have taken a more active role in responding to community and school issues. One example is the Spry School in Chicago which is part of a larger city school reform initiative. Prager (1993) reported data from a structured, qualitative interview with its principal to describe its success. Here, parents formed a strong neighbourhood coalition through the local school council to reclaim buildings, start an afterschool program, operate a resources center and improve safety in their neighbourhood. Their success is partially attributed to the perceptual change in the parents involved in the school. Specifically, the parents' view of their role expanded from traditional involvement to a broader community development one. The initial and typical parental involvement in the school was viewed as providing the cumulative experiences, which eventually helped such parents connect the role of the school to the quality of life of the whole community and to work toward larger community changes.

In summary, none of the interventions/responses reviewed here were summarily dismissed as inappropriate. As previously indicated, there is a place for the educational, and/or skill building groups, and for service learning, however there are strong suggestions that such components should be part of a continuum of care responses. Taken collectively, such responses have a reform tone to them. Barton, Watkins and Jarjoura (1997) provide a summary of numerous foundation reports including the *Carnegie Council of Adolescent Development* and the *Ford Foundation's Neighborhood and Family Initiative*. Their recommendations address the institutions of family, school and community as well as

society, at large. Families are advised to re-engage with their adolescent children through more involvement in school and after-school activities. Industry and government are advised to initiate 'family friendly' policies. Schools are to become more developmentally appropriate for adolescents which may include smaller, safer environments which promote intellectual and co-operative learning. Community stakeholders are to be more responsive to the out-of-school needs of adolescents and provide safe, growth promote activities. The media are also expected to provide proactive health behaviour messages. Such a continuum includes providing a safe, structured environment, developing relationships between schools, families and communities, and possesses a shared vision of empowerment and personal development with the ultimate goal of reversing the negative elements that have put our youth, families, communities and schools at risk (Fletcher, 1999).

### **Parental Involvement**

Two major reasons for studying parental involvement related to risk and resiliency are: i) the need to assist parents to improve their abilities in terms of parenting and supporting their children's activities, and ii) the need to understand how to engage parents as active partners in helping the school and community fulfill its obligation to students. Since all institutions are now seen as having a role in raising and socializing children, the focus is on being able work together with common goals and ideals toward a coherent plan of complementary strategies. Much of the literature on parental involvement is in education. Schools in particular have been viewed as viable entry point for parents in fulfilling this obligation (Epstein, 1996; Saunders, 1999). This puts the onus on schools

and their related social services to initiate such involvement.

The research on parental involvement can delineated along two themes: research exploring the actual utility and impact of such involvement; and research exploring how to understand, and/or engage the process. In general, there is a consensus that parental involvement has potential value. It has been positively linked with many aspects of achievement including improved academic performance, dropping out, substance abuse and behavioural problems (Ballen & Moles, 1994; Muller, 1993; Teahman, Paasch & Carver, 1996; Useen, 1992).

In order to define what constitutes parental involvement, Shi-Chu and Douglas (1996) used longitudinal data to identify four major categories and twelve practices that have been associated with the concept. Category One was labeled home discussions and these included talks with parents, discussions about school programs, and discussions about activities. Category Two was supervision and included monitoring homework, limiting T.V. time, limiting going out time, and having parents home after school. Category Three was school communication which included the school contacting parents and vice versa. Finally here, Category Four was participation which included volunteering at school and spending time in Parent Teacher Organizations (PTOs).

These categorizations reflect similar (and earlier) research on involvement that also defines activities both in terms of home and school (Dauber & Epstein, 1991). Such classifications imply that parental involvement does not always refer to direct contact with a school or school officials, but also what goes on inside the home in terms of discussion, monitoring and values imparted as a supportive component. As expected, surveys of



parental involvement indicated that activities within the home occurred with greater frequency than direct involvement with schools (Neely-Barnes, 1999). Regardless of the venue of involvement, Henderson (1995) found that the type of parental involvement has less impact on academic success than the fact that the involvement took place, and/or that it was long lasting. Thus, it would appear that a general commitment to the student [or the perception of it] may be what is key, as it implies a willingness to outreach.

Other research was more specific about what practices are most desirable and impact positively on school performance. The types of beneficial behaviours found by an analysis of the 1988 *U.S. National Educational Longitudinal Study* included: monitoring homework and daily activities, frequent positive school contacts, high educational aspirations and expectations of parents (McKay & Stone, 2000). Research has also attempted to further discriminate the nature of such involvement and found that home practices have conflicting results. For example, Astone and McLanahan (1991) cited parental aspirations as having more of a positive impact on academic achievement than supervision or monitoring. They also found a low negative correlation between 'just talking' and achievement.

In contrast to the findings on talking, both Madigan (1994) and Muller (1994) found that home discussions appear to be most influential. Muller's (1994) findings however, were notably age dependent. Specifically, home discussion is a positive predictor among grade eight students but not among grade ten students. MacKay and Stone (2000) found academic discussions to differ across culture. Their study of urban minority families found that African American and Latino families for instance, correlated positively with

discussions, but Asian families generally did not.

A further exploration of this research reveals that what is most significant is both the “how” and “why” of such interactions, i.e., how talking and supervision are perceived in a family unit and what its purpose is. In this regard, researchers suggest that an authoritarian stance with supervision and conversation is less productive than an authoritative one (Paulson, Marchant, & Rothlisberg, 1998). This claim does not necessarily hold true for cross-cultural samples which sometimes show that a strong authoritarian parenting style yields less risky behaviours (Maton, Hrabowski & Greif, 1998).

Research has also speculated both about why parents were not involved and what was different about those who were involved. McKay and Stone’s (2000) analyses of data from the *U.S. National Educational Longitudinal Study* (1988) on demographic differences suggested that involvement was impacted positively by socioeconomic status (SES). Specifically, race/ethnicity and two-parent households had varying positive and negative relationships depending on both the activity and ethnicity. For example, two parent households correlated negatively with home-school communications, but positively with volunteering activities.

McKay and Stone’s (2000) study also found that Asian families were found to be negatively correlated to both home-school communication and volunteering, whereas African American families correlated positively with both variables. The assumption of disinterest because of these negative correlations associated with Asian families was not conclusive in this study. Instead, the researchers assumed what other researchers have

found -- that unique cultural practices of such families were probably the primary contributor behind such findings. The implication is that such trend analyses is not always sensitive to distinct practices of individual groups. Thus, it is up to researchers and educators to be culturally sensitive in both studying and interpreting findings as they relate to the nature of parental involvement (pp. 23-27).

Other research on SES provides another viewpoint on parental involvement. Brown (1995) found that it was not necessarily the SES of the parents that made the difference, but the SES of the school's environment itself. That is to say, schools with higher SES cultures/neighbourhoods had more parental involvement, regardless of the SES of the actual families. Thus, there appeared to be a contagion affect, in that more involvement strengthens networks and affects the norms and expectations of the whole school in generalized way.

While parental involvement is constantly advocated for in the literature, it is not always found to be a prevalent practice in terms of direct involvement. Typically, parents believe involvement is important, but do not always act on this belief (Dauber & Epstein, 1993; Neely-Barnes, 1999). In a more detailed examination of parental involvement, Hoover-Dempsey and Sandler (1997) put forth three assumptions about involvement and found them all to be related. Specifically, they found that a parents' construct of what their role is in terms of involvement, is critical and influential to their actual involvement. The other two factors related to involvement are a sense of efficacy, and a perception of the teacher's receptiveness. Conversely, Neely-Barnes' (1999) survey of parents did not find that a belief in the importance of school involvement is associated with involvement. The

difference here can be explained by the refinement of the concepts related to parental involvement by Hoover-Dempsey and Sandler (1997). In their study, the question was not only about how important parents of perceived involvement, but also what they perceived they should do [their construct], could do [their efficacy] and would be invited to do [teacher receptiveness].

The research by Hoover-Dempsey and Sandler (1997) is also representative of a style of research growing in the area of parental involvement. It indicates (that as with the earlier concept of risk), a body of research has begun to include studies interested in refining concepts related to parental involvement. It also indicates a movement toward the development and testing of empirical measures of such involvement. Specifically, the measures being used in subsequent studies are a composite of interval scales developed by Hoover-Dempsey and Jones (1997), Hoover-Dempsey, Bassler, and Brissie (1992) and Epstein, Salinas, and Horsey (1994) (Reed, Jones, Walker & Hoover-Dempsey, 2000).

A simple reason for non-involvement was conflicting time demands (Neely-Barnes, 1999). Other reasons were more complex. For example, a lack of confidence about their own academic abilities has been raised as a deterrent (Bratina, 1996). Other studies linked non-involvement with settings where they did not feel comfortable or welcome (Dauber & Epstein, 1993). As well, when families do feel that their interests are not fully taken into account by educators and at times, are talked down to by teachers. As a response, Hart (1994) suggests that school professionals must first acknowledge the extent of this problem and use it as the starting point for developing parental involvement initiatives. Leuder (1989) describes the use of a parent liaison or home-school coordinator to develop

such initiatives. The rationale behind using a liaison is that present school personnel (i.e., teachers) may have workloads that prevent a comprehensive approach to developing parental involvement. Still others feel that teachers require training to be effective in this area (Dauber & Epstein, 1991). Indeed, when parents perceived that their school was receptive to parental input, home-school communication increased, as did academic conversations in the home (McKay & Stone, 2000).

A lack of involvement has been interpreted as disengagement by educators, however Chavkin's (1989) research on ethnic parental involvement refuted this contention. The issue is one of knowing how to become involved, particularly when school practices are divergent from home practices. In this regard, Nicolau and Ramos (1993) suggest from their research on Hispanic families that schools should attend to the communication styles and language barriers which many ethnic family may encounter. Their practical suggestions include using bilingual signs, making home visits or meeting on neutral sites, and utilizing interactional approaches with which such families are most comfortable. In terms of the last suggestion, these researchers found that Hispanic families utilize and state a preference for a personal (oral) interactional style rather than formal written correspondence.

Parenting and parent education programs are often suggested as a way of socializing parents toward better and more congruent practices (Epstein, 1996; Saunders, 1999). However when polled, a group of principals and teachers from a cross section of 20 urban (but not inner-city), suburban and rural schools suggested that parenting skills programs are not an effective tool. Instead, they tended to believe that developing more

informal ways of communicating was more beneficial (Cotton & Mann, 1994). One possible explanation may be that the family home practices were already in line with school practices and culture, thus making conversation/communication an easier task. Another explanation could be the way in which parenting programs are suggested may influence both how they are perceived and subsequent participation. Specifically, unless presented in a collaborative and non-judgmental, way a parenting skills program can implicitly imply 'a problem' existing in the parents themselves. Indeed, Dauber and Epstein's (1993) research indicated that parents who express an uncertainty about how to become involved their schools do want education on this subject. Parent education presented in this manner has a much more collaborative tone.

Staying involved was found to be a greater issue for parents of older children who were grappling with their parenting roles, in general. The literature was clear that without active solicitation, parents do not stay actively involved with their children, as children grow older (Epstein, 1996). The question then becomes -- what type of involvement should be promoted and facilitated for these parents? It would seem that the challenge for educational policy-makers in this regard, would be to present appealing school-based initiatives for more parents if they wish more direct involvement. The challenge to increase more indirect and supportive roles at home appears linked to the perception of the schools' commitment and receptivity. In both cases, success is viewed as dependent upon the school's ability to recognize the importance of a better understanding of the families, the culture itself and the neighbourhood in the which school exists. It then requires outreach to families in effective, collaborative and appealing ways (Coltoff, 1996;

Dryfoos, 1996).

In summary, parental involvement is viewed as a key ingredient for supporting positive development in youth. Such involvement has been shown to impact positively on achievement, and negatively on risk behaviours. It was clear from an examination of the literature, that suggesting how to maximize such involvement is blurred by the uncertainty of what exactly parents should do to become meaningfully involved. However, the development of a receptive climate for parental involvement is viewed as crucial for further examining how parents' services can be best utilized, particularly as a new vision of involvement is evolving. To create a receptive climate, it seems necessary to first understand the nature of the specific parent population, and then to develop engagement strategies dependent on their characteristics, needs, cultures, and self reported obstacles.

#### **E. Research Questions**

The present study proposes to examine the following questions in an effort to explore the nature of parental support and involvement with children involved in KAP.

1. Who are the parents of children who participate in KAP?
2. What are the parents' perceptions of the program?
3. How do parents support their children's participation in KAP?
4. What obstacles undermine the ability of parents of KAP to support their children in the program?
5. What factors influence parental involvement?
6. Can the parents of KAP be correctly classified into a high and low group of parental involvement based on seven impact variables: perception of social

support, three variations of family coping, family parenting, parental satisfaction and attitude toward service?

#### **F. The Significance of the Study**

Service learning initiatives have been shown to hold a great deal of potential in terms of positive adolescent development. However, certain challenges remain if schools, parents and communities are to work collaboratively to maximize this potential. First, although educational policy-makers, schools and curricula have embraced this trend, they have yet to determine just how to realistically involve parents in such programs. It has been suggested that parents are important stakeholders in the school and in such programs. Thus, research that may shed some light on this area is needed.

Second, this study attempts to explore factors related to involvement, in an effort to meaningfully engage parents in the process. From the literature, it is clear that engaging parents can be a difficult task as they may hold different values or culture, a different vision, may be uncomfortable in the school environment, or may not agree with the program's goals. This study then serves as the empirical rationale for not only assessing parental perceptions about the program, but may provide information about understanding how parents can better support their children in such programs.

The literature clearly explored the following parental issues: 1) parents need to understand the learning goals and methods their children encounter in school and community programs; 2) parents need to have similar values as their children's schools and programs and model the same (i.e., 'be on the same page'); and, 3) parents need to feel welcome and comfortable if schools and programs want their participation.



## CHAPTER II

### DESIGN AND METHODOLOGY

#### A. Sample

The sample for the study was drawn from the population of parents of children who had been participants in KAP. All families whose children were in KAP as of July 2001, and had attended for at least six months were invited to participate. The rationale for the time parameters around the sample was related to program exposure. Since the study included an assessment of parental perceptions and support of the program, it was deemed that a minimal time frame of six months would allow parents the opportunity to be exposed to their children's experiences with the program. Fifty-two KAP participants' names were provided by the program's co-ordinator. No current addresses could be found for three, thus the population consisted of 49 families.

Only one parent per participant was targeted as a potential respondent. In the case of two parent families, the respondent was chosen by the family. In the case of single parents households, the respondent was the parent with primary care responsibilities (i.e., with whom the child primarily lived). All but one respondent identified themselves as the 'parent'. This respondent identified herself as the grandmother.

These subjects were parents raising children in neighbourhoods that had been deemed 'at risk' by their compensatory school status. However, the children themselves had been selected for participation in KAP because school officials saw them as having leadership potential and other resilient attributes. Thus, as a group these parents were considered parents of resilient children.

Children in the KAP program were selected in equal numbers, from seven compensatory Windsor schools. It was assumed that there may be some differences in parental perceptions as Youth Councils at each school decided on their own particular community-based initiatives. Some examples of such initiatives (from last year) included: park clean-ups, baseball tournaments, seasonal events and wall mural painting.

### **B. Data Collection**

Prior to commencing the study, all appropriate permissions to conduct research were acquired. These included a letter and research proposal to the Ethics Committee of the Faculty of Education at the University of Windsor (see Appendix C) and a subsequent letter to the Chair of the KAP program re-confirming the request for the study (see Appendix D).

Once approval was granted, data collection began. Over a three week period in August of 2001, 49 parents were sent letters of invitation to participate in the survey (see Appendix E). Forty three parents initially agreed to participate. Of those who did not agree to participate, five could not be contacted by phone to confirm delivery of the instrument, and one father declined stating his wife was out of town.

Those agreeing to participate (N=43) had a questionnaire package delivered to their home. The package included: a consent form to be signed and returned at time of delivery, a questionnaire, a pen and pencil, and \$2 in Tim Horton's coupons. (see Appendix F for consent form.) Respondents were told the gratuity was due to the length of the survey. Respondents were asked to complete the survey when they found time. A call to initiate a pick-up time was made 2-3 days later. The actual turn around time from

drop-off to retrieval generally ranged from 5-8 days. Respondents had the option of calling and changing the pick up time if they finished earlier or required more time. If respondents were not home at the time of drop off (i.e., working), a note instructing them what to do was provided. This process provided all respondents with a minimum of two conversations with the researcher in which questions, clarifications, and comments were fielded – one prior to survey completion and one after completion. Upon pick-up, the \$10.00 gift certificate promised in the invitation to participate letter, was provided as a thank-you.

Prior to data collection, the instrument was pre-tested with a group of six parents from an at-risk neighbourhood. The pre-test group included some parents that would represent at least one of the characteristics anticipated in the sample. They included parents who were not born in Canada, spoke English as a second language, had children between the ages of 12 and 14 years, and had limited education. Based on their comments and feedback from the pre-test, the instrument was subsequently refined.

The pre-test feedback influenced the layout of the standardized scales and the administration of the questionnaire. The group felt circling numbers in the standardized scales measures was cumbersome and confusing. They suggested the precise response (e.g. agree - disagree) be used with each question. As well, the pre-test group stated that they would prefer to complete the questionnaire alone. It was felt that completing the survey in a time controlled setting, either with a group of respondents, or with a researcher awaiting completion was unnecessary, and could be viewed as an additional pressure for some. The pre-test group also suggested giving the respondents a few days to

complete the survey because family and work demands often impacted on when a parent could actually find 'free time' to complete the questionnaire.

Contact was not always successful the first time due to vacations and other life circumstances, thus questionnaires went out in weekly waves. Six families identified language as a barrier to the questionnaire. All chose to use a family member as an interpreter rather than having one provided.

Forty ( $N = 40$ ) of the 43 questionnaires were returned. The three parents who did not complete their questionnaires expressed time as the reason preventing completion. This final sample of forty represented approximately 77% of the families involved in the KAP program for the year 2000/2001.

### C. Data Analyses

Once the data were collected, all variables were coded for use in the SPSS statistical program (for Windows). Additional variables were subsequently added as sums, means and medians were computed on interval data, and variables were split or sub-grouped for comparative analyses. Frequencies were computed to provide a descriptive overview of the data, and Cronbach's alpha coefficients were computed to determine the specific reliability of each scale.

The research questions required the data be analysed for both the population as a whole group, and as two distinct sub-groups of parents. In terms of the latter, the parents were separated into two groups who differed on their level of parental involvement with the program. Sub-group assignment was dependent on a high or low score on the Parental Involvement Scale (PIS) and sub-scales. The midpoint of the sum of the mean

scores was used to split the parents into two sub-groups labelled high and low involvement. The parental factors assessed were used to both describe the parents of KAP children and isolate potential factors which may have impacted on their particular involvement in or perception of KAP. These included: parental demographics, views of the actual KAP program, social support, family coping, family problem-solving, parent satisfaction and attitudes toward community service. Responses to these questions were both forced choice and opened ended questions. The latter responses were assigned to one of three or four broad categorical groups reflecting common themes.

Comparative data from the literature was used to discuss the results found in terms of the parent data. Analyses of the high and low parental involvement groups also explored significant differences between the two sub-groups. Chi squares were computed to compare nominal categorical data and inferential statistics were utilized for the interval data. Specifically, discriminant function analysis (DFA) was used to examine the multivariate nature of the phenomenon of parental involvement and what influences it. Here, the parental scores on the five interval scales (the IVs) were used to predict the parent's affiliation into either the high or low involvement group (the DV). Because the Family Coping Index (FAMCI) consisted of three sub-scales, the actual number of independent variables entered in the analyses was seven.

#### **D. Instrumentation**

The Parent Feedback Survey (see Appendix G) was comprised of three sections: socio-demographics, standardized scales and specific program questions. Most responses were fixed choices, however some open ended questions were used in the program

section. The open ended questions were viewed as evaluative and focussed on *perceived knowledge and value of the program, parental goals for their children and obstacles to support*. Here, respondents were requested to check off or list, in open ended fashion, their responses to a series of questions. It was deemed important to leave these questions as open ended, so as not to bias the respective response sets, as such issues would be idiosyncratic to each parent and family unit. The six standardized scales and their respective psychometric properties will be described at this point.

*Social support* was measured by the Social Support Index (SSI) (McCubbin, Patterson & Glynn, 1996). The SSI is a 17-item instrument designed to measure the degree to which families find support in their communities. Typically, social support includes assessing only family and friend networks however, the SSI taps the dimension of social support, which has been deemed as a factor impacting on family stress, family crises and family resilience. It has internal consistency reliability of  $\alpha = .82$  and good stability with test-retest reliability of  $r = .83$  across thousands of families in diverse geographic American samples. The SSI also had good concurrent validity with a criterion of family well being and good predictive validity with family resilience and ability to cope with situations (Corcoran & Fischer, 2000).

*Family coping responses* were measured by the Family Coping Index (FAMCI) (McCubbin, Thompson & Elver, 1996). The FAMCI is a 24-item instrument designed to assess efforts of families of youth at-risk, youth offenders and youth in residential treatment programs. It is deemed an ethnically sensitive measure which describes how families (as a group) typically respond to and cope with problems or difficulties. The

FAMCI had three sub-scales: Sub-scale 1 - the seven item 'Seeking Professional or Spiritual Help' (SPSH); the nine item 'Seeking Friends and Neighbors' (SFN); and, the eight item 'Family Affirming' (FA) (McCubbin et al., 1996). The FAMCI had very good reported internal consistency with an overall  $\alpha = .85$ . It had good predictive validity as determined by successfully predicting program completion and successful post-treatment adaptation (Corcoran & Fischer, 2000).

*Family problem solving communication* was measured by the Family Problem Solving Communication Scale (FPSC) (McCubbin, McCubbin, & Thompson, 1996). The FPSC is a 10-item inventory designed to measure the two dominant patterns in family communication that appear to play a major role in how families cope with hardship and catastrophes. The FPSC was developed specifically for family stress and resiliency research. It has excellent reliability with alphas ranging from .78 to .86, and test-retest reliability of  $r = .86$ . It has good concurrent and convergent validity as reported by Corcoran and Fischer (2000).

*Parental satisfaction* was measured by the Kansas Parental Satisfaction Scale (KPS). The KPS is a multi-dimensional 3-item scale designed to measure: satisfaction with oneself as a parent, the behaviour of one's children, and one's relationship with one's children (Corcoran & Fischer, 2000, p. 386). Despite its brevity, the KPS has very good internal consistency with reported alphas ranging from .78 to .85 and good concurrent validity, correlating significantly with marital satisfaction and the Rosenberg Self-Esteem Scale (James et al., 1985).

*Attitude toward service* was measured by the Service Attitude Scale (SAS). This is

an eight item uni-dimensional scale designed to measure one's belief in participation in community service and its impact on resolving social problems (Parker, & Franco, 2000). The instrument had good face validity in that the questions asked were typical of other surveys addressing service attitude (Parker & Franco, 2000).

*Parental involvement* in the program was assessed by a 6-item check list of specific behaviours that have been defined as 'involvement behaviours' derived from the literature (Epstein & Dauber, 1991; Shi-Chu & Willms, 1994). The items were worded to enquire directly about involvement in the program as a means of increasing validity and reducing social desirability bias. However, the possibility of social desirability bias could not be removed completely particularly with regard to the indirect involvement items. This scale, developed by the author, sought to explore whether or not parents were either directly or indirectly involved in or supportive of the program. And if so, in what types of supportive behaviours did they engage? It was conceptualized along two dimensions: Sub-scale 1 was a measure of indirect parental support and involvement (with the children at home), and Sub-scale 2 examined direct parental support of and involvement with the staff, and/or program. There was no prior reliability or validity tests for this instrument, however it was deemed to have face validity. Responses were rank ordered, thus it was an ordinal measure.

*Reliability and validity of the instruments used.* All of the main six scales and their sub-scales used in the study (the ISS, SAS, PSS, FPSS, FAMCI and PI ) showed moderate to high levels of reliability with alphas ranging from .61 to .91. It would appear that these scales selected purposely for assessing family qualities of resiliency, coping, and



adaptation were generalizable and reliable for this group of 40 Canadian families in Windsor, Ontario. At one level, one could posit that regardless of whether such families were Canadian or American, the instruments transcended cultural samples.

In order to assess the inter-relatedness of the overall scales to each other and also determine their validity, an inter-correlation matrix of all of the scales and sub-scales was computed and reported in Table 2.

**Table 2 - A Pearson Inter-correlation Matrix (r's) of the Various Scales and Sub-scales ( N = 39 - 40, 2 tailed test)**

	ISS	SAS	PSS	FPSS	FAMCI	SPSH	SFNH	FA
Index of Social Support (ISS)	1							
Service Attitude Scale (SAS)	.47**	1						
Parent Satisfaction Scale (PSS)	.38**	0.29	1					
Family Problem Solving Scale(FPSS)	.32*	0.22	.43*	1				
Family Coping Scale (FAMCI)	.53**	.66**	0.22	0.19	1			
Seeking Professional or Spiritual Help (SPSH)	.41**	.50**	0.06	0.15	.76**	1		
Seeking Friends & Neighbours Help (SFNH)	.45**	.57**	0.1	0.14	.88**	.51**	1	
Family Affirming (FA)	.47**	.59**	.39*	0.19	.85**	.47**	.64**	1

\*\* Correlation is significant at the .01 level

\* Correlation is significant at the .05 level

This table reveals that the ISS correlated with all other scales and sub-scales in the study. In addition to the Index of Social Support, the Service Attitude Scale had significant correlations with the Family Coping Index and all of its sub-scales. Two other scales, Parental Satisfaction and Family Problem Solving both correlated with each other and the Social Support Index. Parental satisfaction also correlated with the Family Coping sub-scale, Family Affirming.

In terms of convergent validity, it was assumed that one family's coping (either through external or internal family supports) would be related to their ability to avail themselves of social supports. This appeared true as the ISS correlated with the FAMCI at  $r = .53$ ,  $p < .01$ ,  $N = 39$ . A second validity check was assumed between a family's attitude toward community service (SAS) and a family's ability themselves to draw some aspect of community support. It was assumed that families with a positive attitude toward service would be perceived of themselves as both having social support (ISS) and being able to cope by drawing on such supports (FAMCI). The correlation between the SAS and SSI was  $r = .47$ ,  $p < .01$ ,  $N = 40$ . The correlation between SAS and FAMCI was  $r = .66$ ,  $p < .01$ ,  $N = 39$ .

Convergent validity was also indicated by the relatedness of Parental Satisfaction and Family Problem Solving. Both of these scales measured functioning and satisfaction within the family unit [internally]. This was in contrast with the other measures that primarily focused on external supports and attitudes. This was further corroborated by the fact that parental satisfaction (PSS) also correlated with the sub-scale, *family affirming* of the FAMCI.

In order to assess the interrelatedness of the 2 sub-scales of the Parental Involvement (PI), an intercorrelation matrix was computed and is reported in Table 3. While both sub-scales were related with the overall test, they did not correlate with each other. An explanation here would be that while all of the practices represent some type of parental involvement, they are not necessarily related practices. Parents who are involved in one type of supportive activity are not necessarily inclined to be involved in other ways.

**Table 3 - Spearman Inter-correlation Matrix (r's) of the Parental Involvement Scale and Sub-scales ( N = 40, 2 tailed test)**

Spearman's - rho	Parental Involvement scale (PI)	Indirect Parental Involvement (IPI)	Direct Parental Involvement (DPI)
Parental Involvement	1		
Indirect Parental Involvement	.811**	1	
Direct Parental Involvement	.781**	0.294	1

\*\* Correlation is significant at the .01 level

\* Correlation is significant at the .05 level

## CHAPTER III

### RESULTS AND DISCUSSION

Descriptive data about the parents as a cohort and their views of the program are discussed in the first three sub-sections: i) parent characteristics; ii) data about the KAP program, and iii) correlational analyses. The remaining sub-sections focus on sub-group differences between parents with high and low parental involvement scores and include both categorical analyses and inferential statistics.

#### A. Parent Characteristics

Of these parents, 7 (17.5%) were male and 33 (82.5%) were female. Fifty percent were either married (42.5%) or living in a common-law relationship (7.5%). Thirty-two percent indicated they were divorced, 7.5% identified themselves as separated and 10% identified themselves as single. Parents were also asked if they perceived of themselves as single parents; 55% percent responded that they did not, while 45% did. Their ages ranged from 30 to 57, with 47.5% being in their 30's and 52.5% being 40+ years. The median was 39 years.

Most of the respondents were born in Windsor, Ontario (47.5%). Another 15% were from Ontario communities outside of the Windsor area, and 5% were born in other parts of Canada. Of the 32.5% born outside of Canada, 10% were from the U.S.A., 10% were born Europe, 5% were from the Middle East. An additional 5% were from Asia and 2.5% from Africa.

All lived within their school's designated catchment neighbourhood. Seventeen and

a half percent lived in public housing, 7.5% in apartment buildings, 12.5 % in townhouse complexes, and 62.5% lived in single family dwellings. Of those in single dwellings, 35% lived in homes with an approximate market value under \$100,000 and 27.5% were in homes of \$100,000 or more.

The number of people living at home ranged from two to nine. Only one household each had either seven, eight or nine people living in the home for a total of 7.5%. Seventeen and one half percent of the households had six members, 10% had five, 27.5% had four, 30% had three, and 7.5% had two members. Fifty percent of the households had two adult residents and 37.5% had just one adult. There were three adults in 7.5% of the homes and four adults lived in 2.5% of the homes. Homes with five adults also represented 2.5% of the households. [From observations made during the data collection it was apparent that many of these adults were adult children of the parents over the age of 18 years.]

The total number of children in the home ranged from one to eight. Two children was the most common response at 50%, followed by one child in 20% of the households. Both three and four children accounted for 10% of the households. Two households (5.0%) had six children. There were each one household with five and eight children, respectively. Eighty-five percent of the households had no children under six years. The remaining households split evenly, having either one (7.5%) or two (7.5%) children under six years.

Fifteen percent reported some high school education, 35% had finished high school, 22.5% had some college or university, while 27.5% had completed college or

university. The family income sources were primarily through employment. Sixty percent of the families noted employment as the sole income source, and an additional 22.5% of families checked it as a partial source along with another source of either government assistance (7.5%), family and friends (2.5%) or 'other' (10%). One family (2.5%) responded that family and friends were the sole source of their income. Government assistance was the sole source of income for 7.5% families and 5.0% listed 'other' as their source of income.

Seventy-five percent stated that they were employed at least 'some of the time'. Of these, approximately 67% stated they were employed on a full-time basis, and an additional 6.6% stated they worked full-time plus part-time, and/or casual. Another 23.3% stated they worked part-time only, and an additional 3.3% stated their employment was casual.

The main variables of social support, family coping, family problem solving and parental satisfaction, often related to family risk and resiliency, revealed that this group of parents had relatively high scores on all of these measures. Typically, the scores for these standardized scale medians tended to fall in the positive range of responses. The most obvious example of this was with the Parental Satisfaction Scale (PSS). In this regard, very few parents responded outside of the three 'satisfied' categories options. The range of responses in the 'satisfied category' was from 87.5% to 92.5%. Only one parent circled a 'dissatisfied' option, and it was on one item – the parent was somewhat dissatisfied with 'the behaviour of their children'. The actual medians, means and standard deviations are listed in Table 4. Attitudes toward service were also favourable and are recorded in the

same table.

**Table 4 - Parental Scores for Interval Scales and Sub-scales (N = 40, 39)**

Scales and Sub-scales	Median	$\bar{X}$ , SD	Possible Range of Scores
1. Index of Social Support (ISS)	2.68	2.70, (.41)	0 - 4
2. Parent Satisfaction (PSS)	5.50	5.58, (.73)	1 - 7
3. Family Problem Solving Scale (FPPS)	2.00	2.23, (.70)	0 - 3
4. Family Coping Index FAMCI	3.63	3.61, (.55)	1 - 5
a. Seeking Professional or Spiritual Help	3.43	3.45, (.65)	1 - 5
b. Seeking Friends and Neighbors Help	3.53	3.53, (.66)	1 - 5
c. Family Affirming	3.88	3.83, (.67)	1 - 5
5. Service Attitude (SAS)	3.00	3.08, (.33)	1 - 4

*Discussion of parent data.* All children in the KAP program attended schools which were designated as compensatory. This was based on neighbourhood characteristics which carry the assumption of academic risk because of a larger number of newer Canadians with English as a second language, a lower overall income, a higher number of single parents, and lower levels of academic achievement. The 1996 census on four of these compensatory areas in Windsor provided data which reflected these assumptions. Specifically, the census reported a population with 10 - 15% of individuals having lower than a grade 9 education. The range for college or university completion was 9 - 15%. The number of new Canadians with English as a second language ranged between 9 - 21% (Statistics Canada, 1996). The characteristics of these compensatory neighbourhoods paralleled closely with the literature's description of at-risk neighbourhoods which further implied low rates of employment as a result of low levels of education (Deccio & Wilson,

1994).

A difference between these Windsor neighbourhoods and the findings of both the literature and the parents in this study, was the number of single parent families. From the 1996 Statistics Canada census, the number of single parents in these compensatory neighbourhoods ranged from approximately 29% - 37%. This statistic is lower than both the number of single parents in this study and what the literature stated about at-risk neighbourhoods (Deccio & Wilson, 1994). Approximately 50% of parents in this study identified themselves as divorced, separated or single.

There were more differences between the parents of this study and the neighbourhood demographics. These parents had a relatively higher education with 85% having completed high school or better and 27.5% completing college or university. Many also responded that they were employed (75%), and most of these on a full-time basis (73.3%). One similarity between the 1996 census and this parent group was the range in ethnic representation.

These differences were not surprising, given that these parents represented a subgroup of the neighbourhood's population. Specifically, they were the parents of children with leadership and resiliency qualities. In this regard, their demographic profile was similar to other findings of low-risk parents in high risk neighbourhoods. For instance, Deccio & Wilson (1994) found such parents to be older in age, more stable in the neighbourhood, more educated, have more contact with extended family, and more likely be employed than a comparable sample of at-risk families in the same neighbourhood identified as exhibiting at-risk behaviours. Another consistency with prior research findings



was the fact that most respondents were women (Neely-Barnes, 1999).

Low risk parents also often have a higher degree of satisfaction or efficacy about their parenting, better coping skills, and better supports which also appeared true for these parents (Deccio & Wilson, 1994; Elder, Eccles, Ardel & Lord 1995; Pettit, Bates & Dodge, 1993). Descriptive data on the interval scales used to measure such factors (in Table 4) revealed very positive scores on all scales. In fact, the Social Support Index scores of these parents ranked third across the numerous comparative norms for other groups who had previously been tested including American mid-western farm families ( $\bar{x}$  = 2.72, SD = 0.48), rural bank employees ( $\bar{x}$  = 2.11, SD = 0.46), military families ( $\bar{x}$  = 2.48, SD = 0.48), investment executives ( $\bar{x}$  = 2.28, SD = 0.28), investment executive spouses ( $\bar{x}$  = 2.39, SD = 0.25), and native Hawaiians ( $\bar{x}$  = 2.87, SD = 0.46) (McCubbin et. al., 1996).

In summary, although the parents of KAP participants do live in high-risk neighbourhoods, they resemble a sub-group of the total population. They reflect a higher level of education than the neighbourhood norm, and a higher number of single parents. Most of these parents do work outside the home, and employment is the primary source of income in these families. They do reflect the neighbourhood demographics in terms of ethnic diversity. Finally, these parents appear to have positive attitudes toward variables that have previously been related to positive parenting and resiliency.

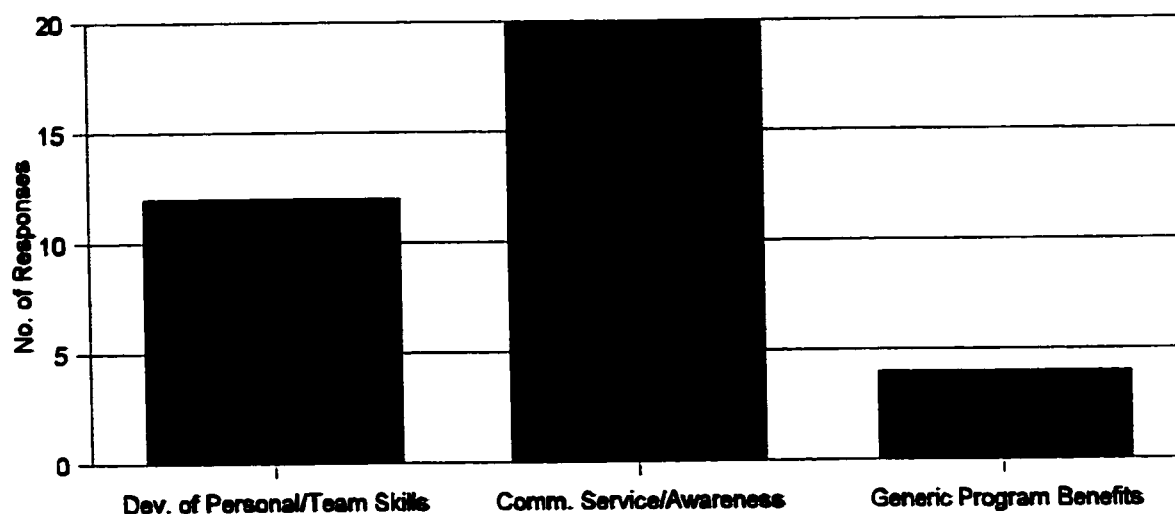
#### **B. Data About the KAP Program**

As a group, the sample presented a positive view of the KAP program, overall. Eighty-two percent would 'recommend the program to a friend'. The remaining 17.5%

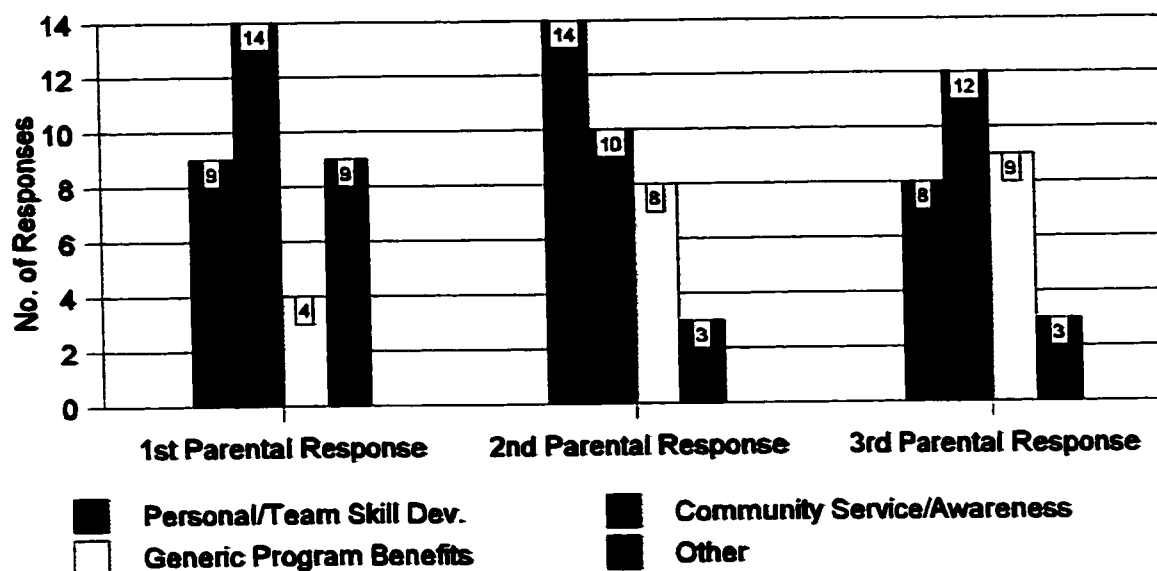
responded that 'they may'. There were no negative responses to this question. Similarly, parents generally perceived that the program was 'very important' to their children (67.5%) and 32.5% responded it was 'somewhat important'. The majority (75%), were 'somewhat knowledgeable' about the program, while 20% indicated they were 'very knowledgeable' and 5% responded that they were 'not at all knowledgeable'.

Open ended questions concerning the single most important aspect of the program, and three things that they 'liked about the program' indicated some knowledge of, and/or congruence with the intent of the program. Most responses reflected answers that were similar to the goals of the KAP program -- community service and awareness, the development of personal skills and attributes or the development of teamwork skills. Responses about community service included statements such as: "greater sense of responsibility toward people and the community" and "to show that you can do anything you put your mind to and make a difference in a community that needs help." Responses concerning personal development included comments about both individual skills such as "better self-esteem" and "develop leadership skills" and team skills such as "works within groups of peers." Responses classified as generic program benefits included comments about keeping kids off the streets and viewing the staff as mentors. The corresponding Figures 1 and 2 summarize these findings.

**Figure 1 - Parents' Perceptions of the Single Most Important Part of the Program (N = 36)**

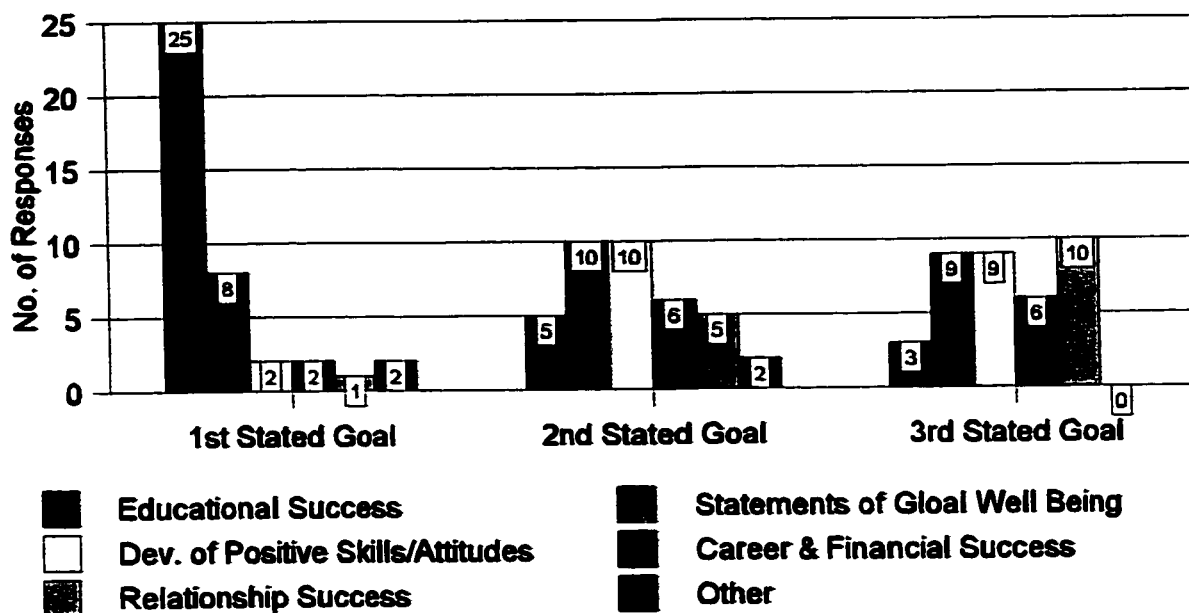


**Figure 2 - Parental Responses to the Three Things They Like Most About the KAP Program (N = 36, 35, 32)**



Goals for the children [as perceived by parents] revealed a great deal of commonality. The most common and predominant goal was for a good education. Taken overall, the goals mentioned reflected a desire for their children to be successful. An example of a comment categorized as global well being was, "To be all they can be." For skill development, parents provided statements referring to skills such as confidence, self-esteem, collaboration and determination. Career or financial success comments included statements on both liking jobs and being able to provide for themselves. No parents hoped for extreme wealth. Relationship goals included both hopes for a positive relationship between child and parent, and for the future relationships the child would have. Figure 3 summarizes these goals in terms of their frequency of occurrence.

**Figure 3 - A Summary of Three Goals Parents Stated They Held for Their Children (N = 40, 38, 37).**



Responses on the Parental Involvement Scale (PI) indicated that most parents did support their children's involvement in the program in some way. Specifically, all but one parent said that they supported their children across the first two indicators of indirect involvement 'discussing the program' and 'praising their child's efforts'. There was greater distinction between parents who engaged in direct involvement and those who did not. These differences outlined in Table 5, indicated that while almost all provided some type of indirect support, many did not provide any direct support to the program.

Only 10% of parents stated that they had some obstacles preventing them from supporting the program. Here, 2.5% identified transportation, another 2.5% noted family responsibilities, and 5% listed work as the first obstacle. Half of these parents (stating obstacles), listed money as a second obstacle.

**Table 5 - Percentage Responses on the Parental Involvement Scale (N = 39)**

Parental Involvement: A. Indirect Involvement Questions	Not at all	Sometimes	Quite a lot
1. Discussed the KAP program with my child	2.5%	70.0%	27.5%
2. Praised my child's efforts with the program	2.5%	37.5%	60.0%
3. Read information about the KAP program	12.5%	62.5%	25.0%
B. Direct Involvement Questions			
4. Discussed the KAP program with KAP staff	65.0%	30.0%	2.5%
5. Offered some kind of help to the KAP program such as money, transportation, or participation	59.0%	40.0%	0.0%
6. Provided some kind of help to the KAP program such as money, transportation or participation	59%	40%	0.0%

The final question about parental perceptions of the program was asked in open-ended fashion. Sixty-two percent made a total of 33 comments. Twenty comments (of the

33) were constructive suggestions to improve the program. Of these [collapsed comments], approximately 32% suggested 'increasing parental involvement', 37 % 'desired either more or advance information about the program', 21% 'suggested building its community profile', and 10% of these responses were classified as 'other', e.g. expanding program, more garbage pick-up in parks and neighbourhoods.

*Discussion of responses about the KAP program.* In studies of parental involvement with schools generally, indirect support occurred more frequently than direct support (Neely-Barnes, 2000). While there was a distinction in the amount of support parents provided -- either 'sometimes' or 'quite a lot', both responses indicated involvement. The results about direct involvement revealed a clearer or more precise division among the groups of parents -- parents were either directly involved or were not.

Ninety percent of the parents stated that they had no obstacles preventing their support which is in contrast with the literature. For example, 61.3% of the parents studied by Neely-Barnes (1999) reported obstacles to involvement. There were differences in these studies which may account for the contrasting responses. First, in the Neely-Barnes study, parental participation was solicited by schools -- there was an expectation that parents attend. In KAP, parental involvement was not actively solicited, thus the question for some was speculative -- did they perceive of themselves as possibly having an obstacle to preclude their participation? As well, the Neely-Barnes (1999) survey provided five rank ordered responses from 'never' to 'always', rather than 'yes' or 'no' forced choices that were used in this survey.

Overall, there was some indication by the responses gathered on parental

involvement, that the parents of KAP children appeared to be supportive adults which is a factor associated with resiliency (Kirby & Frazer, 1997; Reed, McMillan & McBee, 1995). These data also indicated that the parents were receptive to the KAP program and had congruent ideologies, which the literature also described as a factor increasing the potential for involvement (Barton, Watkins & Jarjoura, 1997). Whether or not such issues actually impact significantly on parental involvement will be analyzed in the remaining subsections.

### **C. Correlational Data**

Spearman correlations were used to examine Parental Involvement(PI) in terms of the standardized scale variables: social support (ISS), family coping (FAMCI), family problem solving (FPPS), parental satisfaction (PSS) and service attitude (SAS). The significant correlational scores with indirect parental involvement on the PI were service attitudes and seeking professional and spiritual guidance (see Table 6).

Direct parental involvement (on the PI) also correlated with service attitudes and seeking professional and spiritual guidance. It also correlated with the overall Family Coping Index (FAMCI) of which Seeking Professional and Spiritual Guidance is a subscale.

**Table 6 - Spearman Correlation Coefficients Between Parental Involvement and the Standardized Scales (N = 39)**

Spearman's rho	Parental Involvement scale (PI)	Indirect Parental Involvement (IPI)	Direct Parental Involvement (DPI)
Social Support Index	-0.014	0.040	-0.118
Family Coping Index	0.332*	0.224	0.368*
Seeking Professional and Spiritual Guidance	0.445**	0.353*	0.423**
Seeking Friends and Neighbors Help	0.195	0.056	0.296
Family Affirming	0.182	0.147	0.190
Family Problem Solving Scale	0.031	0.090	-0.021
Parental satisfaction	0.298	0.306	0.145
Service Attitude	0.475**	0.336*	0.416**

\*\* Correlation is significant at the .01 level (2 tailed).

\*Correlation is significant at the .05 level (2tailed).

*Discussion of the correlational analyses.* As previously mentioned in Chapter Two, direct and indirect practices did not correlate indicating that they were discrete activities despite the fact that they are all considered to be involvement practices. What was interesting here, was that while they were not related, both correlated with the same variables -- service attitudes and seeking professional and spiritual guidance, thus indicating the multivariate nature of the concepts explored in this study.

It was interesting to note that the nature of the involvement either direct or indirect, correlated positively with one particular style of coping -- the sub-scale of Seeking Professional or Spiritual Guidance (SPSG). In terms of support and coping, the literature has revealed mixed and indeed contradictory findings on what is important here, as both the definition and measures of these variables vary in different studies (Astone &



McLanahan, 1991; Deccio & Wilson, 1994).

These findings add some further insights into the nature of this phenomenon with a specific view of coping and support. As a group, one can surmise that when these parents, in their neighbourhoods, engaged their coping strategies, they did not rely on friends and neighbours or families to affirm themselves but rather focused on seeking and using more formal support networks. This pattern would tie into the resilient nature of these families, in that they knew how to find supports when living in neighbourhoods that may be limited in terms of the traditional informal supports that so called 'average families' would exhibit (Deccio & Wilson, 1994). The familiarity of using formal support channels may indeed lead such parents to be more comfortable with becoming involved with formal school programs and their staff. However, since correlational analyses do not indicate causality, it is difficult to ascertain here whether the use of professional and spiritual guidance influenced involvement (which is implied here) or vice versa (i.e., the direct involvement in the program influences the parents ability/comfortability to seek other formal networks of support).

Parental involvement correlated with a more positive attitude toward community service. Again, the nature of the analysis does not indicate causality, however the literature does provide some insights. Specifically, research has found that one can have a positive attitude to service without acting on it, however all those who actually do volunteer, typically have a positive attitudes to service (Parker & Franco, 1999).

In summary, it appears that while it was reported earlier (see Chapter 2) that many of the five standardized scales and sub-scales were found to be inter-related, less were found

to specifically correlate with the Parental Involvement Scale. The Family Coping Index (FAMCI) correlated with both the overall parental involvement scale and the sub-scale of direct parental involvement. The two scales which correlated with all variations of Parental Involvement and both its sub-scales were Service Attitudes and Seeking Professional or Spiritual Guidance (a sub-scale of the FAMCI).

#### **D. Categorical Data**

The frequency data indicated that certain variables could be split into distinct categories. Parental characteristics categorized for this sub-group analyses included: age (under 39 year/40 years and over); employment (yes/no); birthplace (Canada/not Canada); education (high school or lower/more than high school); perception of being single parent (yes/no); the importance of the program (very important/somewhat); length of time in the program (6 - 18 months/18 months and over); and, the number of children/people in the home (one child/more than one child – four people/more than four people). These variables were split into cohorts as described and analyzed against parental involvement variables. As there were only six items dealing with parental involvement, each item was cross-tabulated separately and analyzed using a Chi square statistic.

Much of the categorical data was not significant with six items. These variables included: age, birthplace, the perception of being a single parent, the importance of the program, and the number of children/people living in the home.

Significance was found with only certain parental involvement items. These included: the indirect involvement statements, “praised my child’s efforts”, and “read information about the program” and the direct involvement questions of “offered some kind of help to

the KAP program” and “provided some kind of help to the KAP program”. As well, in examining these cross-tabulations, it was apparent what was driving the significance between a particular variable and parental involvement was frequently one sided. Specifically, the analyses often revealed a relationship occurring with only one of the two parental involvement groups analyzed.

In terms of the statements relating to indirect involvement, two findings were significant. Parents who stated that they praised their children’s efforts ‘quite a lot’, were found to frequently be in the program longer (  $\chi^2 = 24.9$ ,  $df = 1$ ,  $p < .05$ ). However, parents who reported that they praised their children ‘sometimes’ showed no relationship as to how long their children were in the program. Second [and not surprisingly], parents who stated that they read about the program, were more likely to state that they were knowledgeable about the program (  $\chi^2 = 17.92$ ,  $df = 4$ ,  $p < .001$ ).

In terms of statements relating to direct involvement, three significant findings emerged. Parents who stated they ‘offered help’ often were more educated and conversely, parents with less education offered less help (  $\chi^2 = 6.667$ ,  $df = 1$ ,  $p < .01$ ). A similar cross tabular pattern was found with regard to education and the actual provision of help, however significance was not achieved (  $\chi^2 = 3.750$ ,  $df = 1$ ,  $p = .05$ ).

Employed parents split in terms of the amount of help offered, however only being unemployed was significantly related to offering no help (  $\chi^2 = 5.00$ ,  $df = 1$ ,  $p < .05$ ). While the item ‘offering help’ had a significant finding with employment, the item related to actually providing help was not significant (see Table 7 for these actual results).

**Table 7 - The Association between Parents who Offered Help to KAP and Employment Status (N = 40)**

Parents who:	Did not offer help	Offered help sometimes	Totals
Were unemployed	9	1	10
Were employed	15	15	30
Totals	24	16	40

The parental group responding that community service/awareness was the most important part of the program, were also parents who offered more help to the program ( $\chi^2 = 9.054$ ,  $df = 2$ ,  $p < .01$ ). The responses from parents who did not offer help were split [approximately even] between perceiving the development of personal skills and community service/awareness as the most important program component.

*Discussion of categorical data.* From these results, it is apparent that two demographic factors, employment and education were associated with parental involvement. In terms of education, the literature concurs with the finding that a higher education is associated with higher levels of involvement in schools (Brown, 1995). Employment however, was not as clear, as it has been reported as a time barrier to becoming directly involved (Johnson, 1994). This may explain why there was significance between offering help and employment, but not the actual provision of help. Parents with extra demands may be willing to offer, but are less likely to actually provide such help. Here, competing demands on the parents' time and how crucial they perceived their involvement to be, may impact on their actual involvement. If the involvement is not viewed as necessary, then parents may opt to use their time elsewhere. Other researchers have found that how important or crucial parents feel about their involvement impacts on

actual involvement (Hoover-Demsey & Sandler, 1997). Employment can also indicate a better level of education and competence which are positively associated with involvement (Bratina, 1996).

Other categorical factors that appeared related to parental involvement were program exposure and perception. Specifically, a larger percentage of the parents who offered help perceived the community service component to be the most important component of the program. Also, those parents who responded that they praised their children 'often' were more likely to have been in the program longer. While this appears to be a phenomena occurring in terms of perception and exposure, it did not hold true for all parents in the sample. Specifically, about half of those parents indicating a lower level of praise had been in the program for over eighteen months. A similar pattern was found for parents who did not offer help. Just over half of these parents saw community service/awareness as most important, while the other half did not. Thus, it appears that there are other factors which also impact on why some parents still do not get more involved.

Many variables tested did not show any statistical significance. It was interesting that "perceived importance of the program to their children", did not produce any significant results with any of the six parental involvement items tested. While it may be logical to infer that importance of the program to the child would be a significant factor here, the literature has also found similar results, where belief and actions do not necessarily concur. Specifically, Neely-Barnes's (2000) study on parent involvement found no relationship between belief about the importance of involvement and level of involvement.

In summary, while specific demographics and exposure were shown to impact on parental involvement, the findings at best can imply trends or partial influences. For example, while findings imply that parents who praise their children's program effort 'a lot' will have most likely been in the program for a long time, they do not explain why some parents in the program for a long time, did not reach a high level of praise. What also appears important is what the parents perceive as the program purpose. Those with higher involvement frequently viewed community service and exposure as the most important component. Those with lesser involvement did not reveal such a pattern. The idea that perception influences parental involvement was not new and paralleled the literature (Hoover Dempsey & Sandler, 1997; Hurley & Lustbader, 1997; McKay & Stone, 2000).

#### **E. Inferential Findings**

All five standardized scales were considered to be dependent measures [at the interval level] that were related to the concept of parental involvement. These included: social support (ISS), family coping (FAMCI), problem solving (FPPS), parental satisfaction (PSS) and service attitudes (SAS). The Family Coping Index (FAMCI) was analyzed using three sub-scales that further differentiated the type of coping behaviour -- seeking professional and spiritual guidance, seeking friends and neighbours help, and family affirming. As such, these scales accounted for seven related variables which possibly influenced parental involvement.

Discriminant function analyses were used to determine how the seven interval scale variables combined to predict parental membership into two different groups: high and

low involvement parents. One discriminant function was found, Wilks' Lambda = .568,  $\chi^2 = 18.975$ , (7, N=39),  $p < .008$ . The canonical coefficient was .658, which indicates that the function is statistically reliable and significant for predicting group membership. An examination of the univariate analyses revealed two significant variables: service attitude ( $F(1,37) = 9.486$ ,  $p < .005$ ), and parental satisfaction ( $F(1,37) = 7.857$ ,  $p < .01$ ). Table 8 reports the means and SDs of the dependent measures for the high and low groups of overall parental involvement. The number of parents who were correctly classified into their respective groups was 79.5% (see Table 9).

**Table 8 - Means and Standard Deviations of Service Attitudes and Parental Satisfaction for High and Low Groups of Overall Parental Involvement (N = 39)**

Dependent Variables	Parental Involvement	Means	Standard Deviations
Social Support	High (n = 15)	2.82	0.4
	Low (n=24)	2.64	0.41
Service Attitude	High	3.27	0.35
	Low	2.96	0.27
Parental Satisfaction	High	5.98	0.62
	Low	5.36	0.69
Family Problem Sol.	High	2.2	0.86
	Low	2.25	0.61
FAMCI Sub-scale 1: Seeking Professional or Spiritual Guidance (SPSG)	High	3.68	0.61
	Low	3.30	0.65
FAMCI Sub-scale 2: Seeking Friends and Neighbors Help (SFNH)	High	3.61	0.59
	Low	3.49	0.70
FAMCI sub-scale 3: Family Affirming	High	4.02	0.48
	Low	3.71	0.73

**Table 9 - Predicted Group Membership for High and Low Overall Parental Involvement Using Variables Related to Family Practices and Beliefs (N = 39)**

Actual group	N	Predicted group membership	
		Low involvement parents	High involvement parents
High involvement	15	3 (20.0%)	12 (80.0%)
Low involvement	24	19 (79.2%)	5 (20.8%)
Total	39		

\* 79.5% of original cases correctly classified.

The same discriminant function analysis was also used with the parents sub-grouped from their scores on the indirect and direct parental involvement sub-scale. No significance was found for indirect involvement.

In terms of direct parental involvement, one discriminant function was found, Wilks' Lambda = .511 ,  $\chi^2 = 22.482$ ,  $df = 7$ ,  $p < .002$ . The canonical coefficient was .699, indicating that the function is statistically reliable and significant for predicting group membership. The univariate analyses included in the discriminant function analysis identified four significant variables: social support ( $F(1,37) = 4.828$ ,  $p < .05$ ), service attitude ( $F(1,37) = 18.271$ ,  $p < .001$ ), seeking professional and spiritual guidance ( $F(1,37) = 9.125$ ,  $p < .01$ ) and seeking friends and neighbours help ( $F(1,37) = 4.333$ ,  $p < .05$ ). Table 10 reports the means and SDs of the dependent measures for the high and low groups of direct parental involvement. In this instance, 84.6% of the parents could be correctly classified (see Table 11).



**Table 10 - Means and Standard Deviations of Social Support, Service Attitude and Family Coping Sub-scales 1 & 2 for High and Low Groups of Direct Parental Involvement (N = 39)**

Dependent Variables	Parental Involvement	Means	Standard Deviations
Social Support (ISS)	High (n=17)	2.87	0.43
	Low (n =22)	2.59	0.36
Service Attitudes (SAS)	High	3.29	0.34
	Low	2.91	0.22
Parental Satisfaction	High	2.18	0.81
	Low	2.27	0.63
Family Problem Solv. (FPPS)	High	5.78	0.64
	Low	5.45	0.77
FAMCI Sub-scale 1: Seeking Professional or Spiritual Guidance (SPSG)	High	3.77	0.64
	Low	3.19	0.55
FAMCI Sub-scale 2: Seeking Friends and Neighbours Help (SFNH)	High	3.77	0.60
	Low	3.35	0.65
FAMCI sub-scale 3: Family Affirming	High	4.01	0.56
	Low	3.68	0.70

**Table 11 - Predicted Group Membership for High and Low Direct Parental Involvement Using Variables Related to Family Practices and Beliefs (N = 39)**

Predicted group membership			
Actual group	N	Low involvement parents	High involvement parents
High involvement	17	4 (23.5%)	13 (76.5%)
Low involvement	22	20 (90.90%)	2 (9.1%)
Total	39		

\* 84.6% of original cases correctly classified.

*Discussion of inferential findings.* The analyses conducted on overall parental involvement provided the broadest view of the phenomenon using all six items/behaviours to determine the most influential variables. These were found to be service attitudes and parental satisfaction. Neither finding was surprising. Those with a positive attitude toward service were more likely to be involved, and parents satisfied in their role were more likely to be involved, in some supportive way, in their children's program. Indeed, resilient children such as those in KAP, are often identified as having supportive and interested parents (Ballen & Moles, 1994; Kirby & Frazer, 1997; Reed, McMillan & McBee, 1995; Strobino & Salvaterra, 2000).

What was more interesting were the findings when a closer scrutiny of the nature of involvement was analysed. When parental involvement was broken down into two sub-groups separating indirect behaviours from direct behaviours, parental satisfaction was no longer viewed as significant. Other variables, in addition to service attitude proved significantly related to direct parental involvement. These included social support, seeking professional and spiritual guidance, and seeking friends and neighbours help.

What may be apparent here was that the factors which influenced parents to directly interact with a program as an indicator of their involvement and support, may be linked to how comfortable such parents are engaging in supportive behaviours that go beyond ones' immediate family. [It should be noted that the third sub-scale of the family coping index, Family Affirming, was found to be not significant.] In short, it would appear that support seeking, influences support giving. When the additional variable of a positive attitude to service is added, it seems quite logical that those parents who value the outcomes of the

program, and are comfortable with the practices of helping would be more inclined to positively support their children in a direct way. Other researchers have suggested the same (Esptein, 1996; Hoover-Dempsey & Sandler, 1997; Lintos, 1991).

It was interesting that parental satisfaction was not significantly related with either direct or indirect involvement. In fact, none of the group factors were significant with indirect involvement. One possible explanation for the latter was that there was not enough difference between the two indirect involvement groups to reveal a true difference. Unlike direct involvement, where there were a large number of parents that had no involvement, all but one parent, stated that they had some degree of indirect involvement with their children, making the two groups more similar than diverse.

The implication, then for the significant finding of overall parental involvement with parental satisfaction would be that satisfied parents are more likely to be involved in their children's lives in a wider range of ways. Thus, the parents achieving the highest scores when computing all six items/behaviours were more likely to be influenced by how they felt of themselves as parents. That is to say, the more satisfied a parent, the more ways they are likely to be involved with their children.

## CHAPTER IV

### CONCLUSIONS, RECOMMENDATIONS & LIMITATIONS

#### A. Conclusions

The conclusions derived from this study are separated in two sub-sections: conclusions from the literature, and conclusions from the findings of the study.

*Conclusions from the literature review.* The literature provided an overview of the nature of adolescence and risk. The literature was quite extensive in this area. There appeared to be a sense of urgency in understanding how to address this issue given the increase in documented social problems associated with youth.

It appeared evident that in an effort to better understand the problems of adolescence and risk, such problems no longer focus solely on the individual's characteristics. Instead, the trend is not to view the adolescent as the risk factor *per se*, but rather define specific behaviours and situations surrounding an individual as having risk potential. The types of situations identified were those that tended to alienate or inhibit youth from personal growth and development. These included situations in the home, school and community environment, as well as their own developmental stage. In theory, it appeared that such alienation undermined the adolescents's ability to cope and respond. Typical behaviours which identified and confirmed such alienation, included poor school involvement, dropping out of school, delinquency and substance abuse. Educationally, risk potential behaviours were identified as those that almost always contributed to underachievement. Often, the identified educational problems became the entry point for identification of other risk behaviours.

The evolution of how to define the problem of adolescence and risk also included a focus on strength building. Here the perspective focussed on examining successful children, despite the risk factors in their lives. These resilient children tended to have a set of protective factors which served to buffer 'becoming at risk' and allowed them to cope with the pressures associated with risk. These included a goal oriented perspective, a sense of optimism, good coping skills, positive relationships at home and school, positive peers, a significant person who cared about them, and an ability to re-frame problems as challenges and opportunities.

The type of responses being advocated for from this 'in progress' definition of adolescence and risk has called for a re-involvement/investment in youth in all facets of their lives. Here specific responses have focussed on skill building around the actual elements of resiliency. Some examples of these programs included academic tutoring, social skills strategies, health promotion, and service learning.

The most desirable programs appeared to be those that coordinated the elements of the adolescent's life -- home, school and community, to provide a consistent and reinforcing approach. Substantiating this, was research which concluded that both direct and indirect parental involvement in school-based programs impacted positively on achievement and negatively on at risk behaviours. Just how to meaningfully involve parents in school based or community based initiatives is still evolving and remains the subject of debate and research. Overall, the literature provided the empirical rationale for the study.

*Conclusions from the findings of the study.* This study has helped clarify who the

parents of KAP are in terms of demographics, attitudes and behaviours. Although these (sample) parents resided in at-risk neighbourhoods, demographically speaking, they did not resemble typical at-risk family profiles cited in the literature or defined by their compensatory neighbourhoods. Specifically, they were better educated, more likely to be employed, no more likely to view themselves as single parents than not, and had very positive outlooks on their own supports systems, coping styles, parenting, and attitudes toward service.

Parents of these resilient children were generally very supportive of the KAP program, overall. Most would recommend the program to other families. Many parents also appeared to understand the program's goals for their children. Community service was the most frequent response when parents were asked to report their perceptions about the most important part of the program. It was also frequently stated as something parents liked. Personal growth and other life skills were the second most frequently reported response. All responses were in line with the goals and objectives relating to the program's mandate.

The nature of their support was consistent with how the literature described parental involvement with school based activities. It revealed two distinct ways of providing support: direct (i.e., with the actual program); and, indirect (i.e., activities within the home). The sample was clearly more involved in indirect support. Specifically, they were more likely to praise their children's efforts, discuss the program, and to a lesser degree read information about the program. In terms of direct involvement, less than half of the parents engaged in these behaviours. Typically, those who offered help provided

help, however there were exceptions in that some who offered help, did not provide help.

Different from the literature, they surprisingly reported very few obstacles in their ability to offer their support. It should be noted however, that at this time in the program's history, no direct support has been required of them. Those who helped, did so by their own choice and initiation.

The study was not able to provide a definitive answer regarding the factors which influenced parental involvement. Certainly, no single factor was explanatory by itself. Nor was involvement defined as one type of behaviour, which added to the complexity of what could have potentially influenced it. At best, one can state that certain factors could be considered potential determinants. In this regard, seven interval scales were selected to represent the types of attitudes and behaviours that could be related to parental involvement. Discriminant function analyses confirmed that KAP parents could be classified into high and low groups of two parental involvement groupings with a high degree of accuracy. The type of involvement that could be categorized was overall parental involvement and direct parental involvement. No significant findings could be found for indirect involvement which focussed on behaviours of support within the home or family.

When analyzing overall involvement, two determining factors found were a positive attitude toward service and a high degree of parental satisfaction. Direct parental involvement in the program was found to be influenced by a higher degree of perceived social support, as well as more frequently reported behaviours of seeking help outside the family. Again, service attitude was a factor related to direct involvement in terms of direct

involvement, while parental satisfaction was not. These findings may indicate that the ability to outreach to a program was influenced by both a belief in community service and a comfortability with using/having a supportive network outside of the family.

Other parental influences on involvement tended to further corroborate these findings, and/or were logical in nature. For example, being in the program longer influenced praise, but only for some parents. Also, parents who felt knowledgeable about the program were those who read about it. In terms of demographics, education and employment tended to be associated with a parent's initiative to offer unsolicited help. As well, parents who offered help were also more likely to view community service as the most important component or a desirable part of the program.

#### **B. Recommendations**

This exploratory study essentially corroborated findings from earlier studies of low-risk parents in high risk neighbourhoods. In general, the majority of findings were more similar than dissimilar to literature about resilient children and their families. A case could be made, therefore, for adding these findings to the growing collection of resiliency research.

The study also reported findings that require additional corroboration and investigation. The precise nature of relationships between a number of tested variables was not fully clear. For example, there were findings in this study that were unusual in that they contradicted other findings in the literature. Specifically, the few number of obstacles to parental involvement reported was surprising and not typical of the literature.

As well, the group categorization of high and low parental involvement, while



respectable, was not all inclusive. It was also found that education, employment and perception about the importance of the KAP program may influence certain aspects of parental involvement, yet the nature of their definition in this study (i.e., not interval measures) excluded them from the discriminant function analyses. Further, service attitude was presented as the common 'related variable' in the study. Yet as a concept itself, it perhaps needs further exploration. What is clear from the findings is that more research is required concerning what are the discriminating factors in developing parental involvement.

The precise issue of how parents become involved in such programs and how they support their children within them requires additional study with more diverse groups. For instance, these parents revealed a high degree of indirect parental involvement and did not differentiate much as a group -- all were minimally 'somewhat involved'. Also, while patterns of direct involvement could be discerned, those who were directly involved represented parents who outreached to the program, rather than vice versa.

While this study certainly initiated an examination of the issue of involvement, it did not [as an exploratory study], flesh out the precise nature of this relationship. A number of questions could be addressed in future research: What are other ways parents support and involve themselves in their children's activities both within and outside the home? What are other parental characteristics which may impact on involvement? Does such involvement produce a positive impact on their children, the program or community? Does such involvement foster their attitude toward service, own resiliency qualities, or future involvement? and, How can initiatives like KAP meaningfully involve parents in

their program? Hopefully, subsequent investigations with larger and different samples can determine the answers to these important questions.

### **C. Limitations**

There were a number of limitations which one expects in social science research of this nature. The extent to which they mitigated the findings of the study are uncertain but should be noted. Foremost, although the sample represented 77% of the total population of families in KAP, it was still a small sample (N=40). This not only limited the robustness of the statistical analyses, but raises questions about its generalizability.

The actual administration of handing parents the survey to complete at their convenience (within a time frame) was not necessarily standardized. For example, the study assumes all parents completed the questionnaire, however this could not be substantiated through observation.

The single point-in-time administration of the instrument may not have given a true picture of the ways in which such parents actually supported their children in such initiatives. A longitudinal study examining the extent and nature of parental support would have offered a richer data set from which to answer questions.

Supplementing this study's data with qualitative in-depth interviews would have significantly enhanced the findings. Similarly, actually observing the parents with their children and asking about their support would have embellished the findings significantly. Unfortunately, the realities of time and resources precluded this important consideration.

While the author was pleased with the reliability and validity of the instruments and the nature of the information asked in the study, there were three factors in the

questionnaire which were problematic from a design perspective. First, the variable socio-economic status (SES) was not directly included in the list of demographics. It is typically an important variable that impacts on how parents support their children. While data on the SES of the neighbourhood was available, it does not equate to knowing the precise SES of these families and its impact.

A second design limitation related to the Parental Involvement Scale developed by the author for this study. It was ordinally scored as 'never', 'sometimes' and 'often'. In retrospect, a ranking of the frequency of involvement occurrence may have been more enlightening as the perception of 'sometimes' and 'often' is rather blurred through subjectivity. As well, the probability of social desirability bias could not be eliminated fully.

Third, an additional item that was rank ordered was 'length of time in the program'. This was problematic in that the end range of one time frame was the beginning of another, (e.g. 6 - 12 months and 1 - 1 ½ years). The timing of the questionnaire would have had most students in the program with anniversaries in either September/October or January, thus responses to this question would have likely fallen in the middle of a range of the categories provided and not likely to effect the responses given. The data collection process did allow parents several ways to discuss any misunderstandings either over the phone, or during pick-up. While other questions were occasionally asked about the questionnaire, no one asked for clarification on this question.

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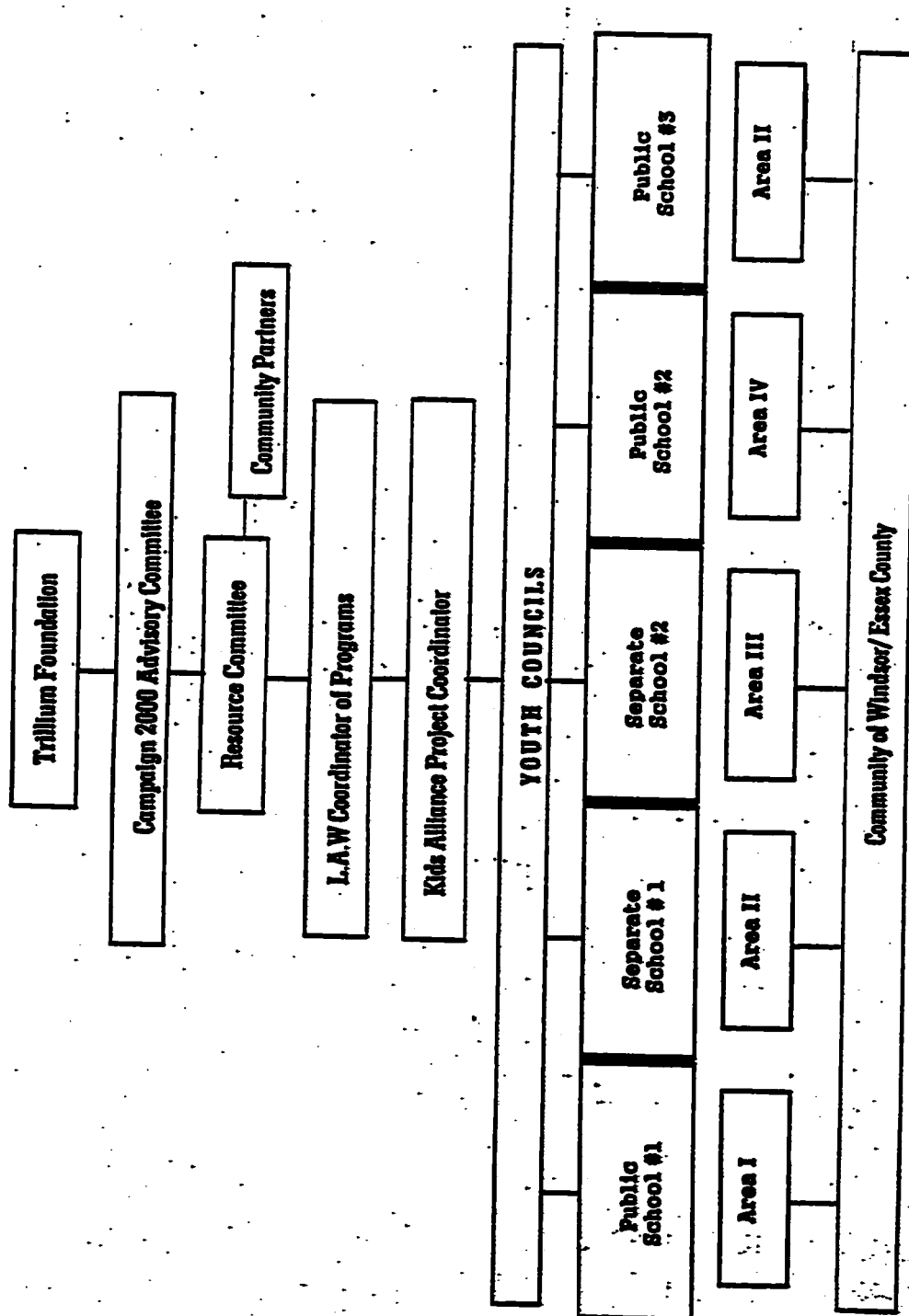
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# Appendix A Organizational Flow Chart of KAP

## **KIDS ALLIANCE ORGANIZATIONAL CHART**



Appendix B  
Program Forms

**KIDS' ALLIANCE YOUTH COUNCIL  
APPLICATION FORM**

NAME:

AGE:

GRADE:

ADDRESS:

TELEPHONE #:

PARENT OR GUARDIAN(S) NAME:

DO YOU LIVE IN THE SCHOOL NEIGHBOURHOOD?      YES      NO

HOW LONG HAVE YOU LIVED IN THIS  
NEIGHBOURHOOD?      \_\_ MOS.    \_\_ YRS.

DO YOU KNOW YOUR NEIGHBOURHOOD WELL?      YES      NO

ARE YOU WILLING TO VOLUNTEER SOME TIME  
TO HELP YOUR COMMUNITY WITH WORTHWHILE  
PROJECTS?      YES      NO

DO YOU WANT TO LEARN SOME NEW SKILLS?      YES      NO

ARE YOU WILLING TO MAKE UP ANY MISSED  
SCHOOL WORK?      YES      NO

DO YOUR PARENT(S) OR GUARDIAN SUPPORT  
YOUR INVOLVEMENT IN KIDS' ALLIANCE?      YES      NO

I HAVE REVIEWED THIS APPLICATION WITH MY PARENT(S) /GUARDIAN.

DATE:

STUDENT SIGNATURE:

PARENT SIGNATURE:

# **KIDS' ALLIANCE YOUTH COUNCIL MEMBER**

**PLEASE CONSIDER:**

1. DOES THIS YOUNG PERSON APPEAR TO HAVE LEADERSHIP QUALITIES THEY HAVE NOT SHOWN?
2. DOES THIS YOUNG PERSON STRUGGLE TO RESIST NEGATIVE PEER PRESSURE?
3. DOES THIS YOUNG PERSON HAVE DIFFICULTY MAKING CLEAR/FIRM DECISIONS?
4. WOULD KIDS' ALLIANCE BE ONE OF THE FEW EXTRACURRICULAR ACTIVITIES IN WHICH THE YOUNG PERSON HAS INVOLVEMENT?
5. COULD THIS YOUNG PERSON DISCUSS HAVING POSITIVE ADULT ROLE MODELS IN HIS/HER LIFE?
6. DOES THIS YOUNG PERSON VOLUNTEER FOR IN-SCHOOL RESPONSIBILITIES?
7. HAS THIS YOUNG PERSON EXPRESSED ANY NEGATIVE FEELINGS &/OR FEARS ABOUT THEIR SCHOOL OR COMMUNITY?
8. DOES THIS YOUNG PERSON APPEAR TO FEEL THEY HAVE A LEVEL OF CONTROL OVER THEIR LIFE?
9. IF ASKED TO DO SOMETHING DOES THIS YOUNG PERSON GENERALLY FOLLOW THROUGH?
10. DOES THIS YOUNG PERSON DISCUSS THEIR FUTURE IN A POSITIVE WAY?

**YES NO**


**YOUTH COUNCIL MEMBER NAME:** \_\_\_\_\_

**SCHOOL:** \_\_\_\_\_

**PRINCIPAL:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**KIDS ALLIANCE – PARENT INPUT QUESTIONNAIRE**

1. Name of child: \_\_\_\_\_
2. How long have you lived in this neighbourhood? \_\_\_\_\_
3. Has your child been involved in organized activities outside of school? Yes No
4. Have you seen your child organize activities for their friends/family? Yes No
5. Is your child more likely to participate in activities organized by someone else?  
Yes No
6. Do you feel concerned about your child's safety in your neighbourhood?  
Yes No Sometimes
7. Has your child spoken with you about what they want to be doing in 5 yrs?  
Yes No In 10 yrs? Yes No
8. Do you feel kids can make changes to their neighbourhoods? Yes No
9. Do you feel kids are capable of making changes for themselves? Yes No
10. Do you feel your child feels a level of control over what happens to them in their life?  
Yes No

Please feel free to give me any other comments you may have.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Signature of Parent(s): \_\_\_\_\_



Appendix C  
Letter to the Ethics Committee

May 16/01

Dr. Larry Morton  
Chair of the Ethics Committee  
Faculty of Education, University of Windsor  
Windsor, Ontario, N9B 3P4

Dear Dr. Morton,

As a graduate student at the Faculty of Education, I am requesting permission from you and the Ethics Committee to conduct a research study on the nature of parental support of their children in a local community service program. This proposal is in partial requirement of the requirements for my degree of Master in Education.

The study will be conducted with parents of youth presently involved in the Kid's Alliance Project which is a program in Windsor and Essex County. It is housed in Legal Assistance Windsor and is currently ongoing in seven compensatory schools in the city of Windsor. Subjects selected for this study are a convenience sample of 92 parents whom are identified by their participant child as being the primary caregiver in the family.

The instrument will be pre-tested upon approval to proceed with the study. While participation is completely voluntary, a \$10.00 gift certificate will be offered as a thank-you. While it is believed that this may increase participation, the intent is to legitimately thank them for their time and effort.

All necessary consents to carry out the study will be obtained. No harm to participants is envisioned and all data collected and the results obtained in the study will be strictly confidential and accessed by the researcher only. Data will be reported in group numerical form only.

Please find in an enclosed copy of the proposed research plan and description of the instruments. The results will be available upon request. If you have further questions, please contact me at 966-7526 or my advisor, Dr. Benedicata Egbo in the Faculty of Education.

Thank- you for your consideration.

Sincerely,

Deborah Ann Holosko, M.S.W.

**Appendix D**  
**Letter to the Chair of KAP Advisory Committee**

**June 14/01**

**Ms. Mary Medcalf, M.S.W.  
Chair  
Kid's Alliance Advisory Committee  
85 Pitt Street East  
Windsor, Ontario**

**Dear Ms. Medcalf,**

**As a graduate student at the Faculty of Education, I would like to involve your agency the research study we previously discussed. At this time I am formally requesting permission from you to conduct a research study on the nature of parental support of parents of children in KAP. This proposal is in partial requirement for my degree of Master in Education.**

**I hope to carry out this study with at least 60% of your parents. There is no perceived harm that could come to parents participating in either the pre-test or the data collection. Subjects selected for this study will be parents whose children have been in KAP for at least six months.**

**While participation is completely voluntary, a \$10.00 gift certificate will be offered as a thank-you for their time and effort. While it is believed that this may increase participation, the intent is to thank them.**

**All necessary consents to carry out the study will be obtained first. All information gathered will be kept in strict confidence, and all safeguards to protect your anonymity will be taken. No where on the questionnaire do participants have to put your name. The completed questionnaire will be sealed in an envelope by you. Any concerns you have about this study ethics may be addressed to the Ethics Committee, Faculty of Education, at 253-3000, ext. 3800.**

**If you have further questions, please contact me at 966-7526 or my advisor, Dr. Benedicta Egbo at the Faculty of Education, 253-4232.**

**Thank- you for your consideration.**

**Sincerely,**

**Deborah Ann Holosko, M.S.W.**

**Appendix E.**  
**Letter of Invitation to Participate in the Research Study**

**August 14/01**

**Dear Parent/Guardian of a Kid's Alliance Participant,**

**Last year, your child participated in the Kid's Alliance Program (KAP) at their school. At this time, KAP is collecting feedback from many groups and individuals associated with the program. As a parent or guardian of a child in the program, you are an important group from whom they would like input. As a graduate student at the University of Windsor conducting a graduate thesis in the Faculty of Education program, I am assisting with this process.**

**The purpose of this study is to assess how parents feel about their children's participation in KAP and community service in general. KAP and I would like to collect this information by using a questionnaire which will be delivered and picked up from your home at a later date. The questionnaire itself takes approximately 20 minutes to complete. Assistance with the questionnaire is available by request. For your time, you will receive a \$10.00 gift certificate from either Walmart or Zellers (your choice) as a thank- you.**

**A follow-up call to determine your interest and set up a drop off time will occur at the beginning of next week. If you have any questions about KAP's involvement please contact Shelley Gilbert, at Kid's Alliance, at 256-9462. If you have any questions about the study itself, please do not hesitate to contact me, Ann Holosko, at 966-7526 or my supervisor, Dr. Benedicta Egbo, Faculty of Education at 253-3000, ext. 3839.**

**All information gathered will be kept in strict confidence, and all safeguards to protect your anonymity will be taken. No where on the questionnaire do you have to put your name. The completed questionnaire will be sealed in an envelope by you. Any concerns you have about this study may be addressed to the Ethics Committee, Faculty of Education, at 253-3000, ext. 3800.**

**Thank you for your consideration in this matter. Your feedback to this important community initiative will help us to better serve children like yours in our community.**

**Sincerely,**

**Deborah Ann Holosko, M.S.W.  
M. Ed. Student**

**Appendix F  
Consent Form**

I, the undersigned, understand that the purpose of this research being conducted is to collect data and information about parental support of children participating in community service projects. The specific project being studied is the Kid Alliance Project, (KAP), of Windsor and Essex County.

I understand that the information collected from me will only be used as a part of a larger amount of similar information by other equally anonymous individuals and reported in numerical or group form only. My confidentiality will be safeguarded.

I agree to voluntarily participate in this study by completing a questionnaire and returning it to the investigator. I understand I may withdraw at any time. Any ethical concerns may be addressed to the Ethics Committee, Faculty of Education @: 253-3000, ext. 3800.

I understand that this survey is being supervised by Dr. Benedicta Egbo, through the Faculty of Education, 253-3000, ext.3839 and the School of Graduate Studies at the University of Windsor.

Date\_\_\_\_\_

Signature\_\_\_\_\_

Print name\_\_\_\_\_

**Thank you**

**Appendix G**  
**The Instrument with Survey Results**

**Note: Please note that the instrument format has been minimally altered for placement in this document. The tabulated results are also provided for the close ended and interval scale questions.**

## Kids Alliance Program - Parent Feedback Survey

**INSTRUCTIONS** - Foremost thank you for agreeing to participate in this survey which assesses how parents support their children in programs like Kids Alliance. The information you provide will be used to help plan for a better program. Please complete the enclosed questionnaire to the best of your ability. Please be reminded that the answers you give will be held in strictest confidence and at no time are you asked to provide your name. You will not be identified in this study. You will seal your answers in the plain envelope provided.

### I. Background Information

1. Gender:        7 ☐ Male                                  33 ☐ Female
  
2. Age in years? \_\_\_\_\_ (years old) Range = 30 -57, Median =        Mean =
  
3. Marital Status (check one):        17 ☐ Married        03 ☐ Common-Law  
    04 ☐ Single        13 ☐ Divorced  
    00 ☐ Widowed    03 ☐ Other (specify) \_\_separated\_\_
  
4. Would you consider yourself to be a single parent?        18 ☐ Yes        22 ☐ No
  
5. Where were you born?
 

Windsor = 19	U.S.A. = 04	Asia = 02
Ontario = 06	Europe = 04	Africa = 01
Rest of Canada = 02	Middle East = 02	
  
6. Are you employed?        30 ☐ Yes        10 ☐ No
 

If 'Yes' (check all that apply):    20 ☐ Full Time    07 ☐ Part Time    01 ☐ Casual (e.g.babysitting)

Other responses :  
                          01 FT & PT    01 FT, PT& C
  
7. What is the total number of people living in your home? Range = 2 - 9
  - a Total number of children    Range = 1 - 8
  - b. Number of children age 6 and under    Range = 0 - 2
  - c. Number of adults    Range = 1 -5
  
8. Your educational level (highest grade achieved)?
 

00 <input type="checkbox"/> No school	06 <input type="checkbox"/> Some high school	09 <input type="checkbox"/> Some college or university
00 <input type="checkbox"/> Grade school	14 <input type="checkbox"/> Completed high school	11 <input type="checkbox"/> Completed college/university

9. What are the following income sources for your family? (check all that apply)
- |   |                                 |                             |
|---|---------------------------------|-----------------------------|
| a. Employment                           | 24 <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| b. Family/ Friends                      | 01 <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| c. Income assistance<br>from government | 03 <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| d. Other __insurance, child support__   | 02                              |                             |
| (Please specify)                        |                                 |                             |
| Both a & b                              | 02                              |                             |
| Both a & c                              | 03                              |                             |
| Both a & c                              | 04                              |                             |

**The next group of questions have no right or wrong answers, they just require your very important opinion.**

## **II. Social Support and Attitude toward Service**

**Read the statements below and indicate how much you agree or disagree by circling a box underneath the statement.**

- |  |                                |                       |                         |                    |                             |
|--|--------------------------------|-----------------------|-------------------------|--------------------|-----------------------------|
| <b>1. If I had an emergency, even people I do not know in this community would be willing to help.</b>                   | <b>Strongly disagree</b><br>00 | <b>Disagree</b><br>05 | <b>No opinion</b><br>02 | <b>Agree</b><br>29 | <b>Strongly agree</b><br>04 |
| <b>2. I feel good about myself when I sacrifice and give time and energy to members of my family.</b>                    | <b>Strongly disagree</b><br>00 | <b>Disagree</b><br>00 | <b>No opinion</b><br>01 | <b>Agree</b><br>20 | <b>Strongly agree</b><br>19 |
| <b>3. The things I do for members of my family and they do for me, make me feel part of <i>this important group</i>.</b> | <b>Strongly disagree</b><br>00 | <b>Disagree</b><br>00 | <b>No opinion</b><br>03 | <b>Agree</b><br>25 | <b>Strongly agree</b><br>19 |
| <b>4. People here know they can get help from the community if they are in trouble.</b>                                  | <b>Strongly disagree</b><br>00 | <b>Disagree</b><br>07 | <b>No opinion</b><br>07 | <b>Agree</b><br>21 | <b>Strongly agree</b><br>05 |
| <b>5. I have friends who let me know they value who I am and what I can do.</b>  | <b>Strongly disagree</b><br>00 | <b>Disagree</b><br>00 | <b>No opinion</b><br>03 | <b>Agree</b><br>27 | <b>Strongly agree</b><br>10 |
| <b>6. People can depend on each other in this community.</b>   | <b>Strongly disagree</b><br>00 | <b>Disagree</b><br>06 | <b>No opinion</b><br>12 | <b>Agree</b><br>18 | <b>Strongly agree</b><br>03 |

**7. Members of my family seldom listen to my problems or concerns; I usually feel criticized.**

Strongly disagree	Disagree	No opinion	Agree	Strongly agree
03	06	09	11	11

**8. My friends in this community are a part of my everyday activities.**

Strongly disagree	Disagree	No opinion	Agree	Strongly agree
02	07	08	21	02

**9. There are times when my family members do things that make other members unhappy.**

Strongly disagree	Disagree	No opinion	Agree	Strongly agree
03	20	6	10	01

**10. I need to be very careful how much I do for my friends because they take advantage of me.**

Strongly disagree	Disagree	No opinion	Agree	Strongly agree
02	10	06	18	04

**11. Living in this community gives me a secure feeling.**

Strongly disagree	Disagree	No opinion	Agree	Strongly agree
02	05	09	21	03

**12. The members of my family make an effort to show their love and affection for.**

Strongly disagree	Disagree	No opinion	Agree	Strongly agree
01	01	04	24	10

**13. There is a feeling in this community that people should not get too friendly with each other.**

Strongly disagree	Disagree	No opinion	Agree	Strongly agree
03	10	10	15	02

**14. This is not a very good community to bring children up in.**

Strongly disagree	Disagree	No opinion	Agree	Strongly agree
01	03	04	22	10

**15. I feel secure that I am as important to my friends as they are to me.**

Strongly disagree	Disagree	No opinion	Agree	Strongly agree
00	01	03	28	08

**16. I have some very close friends outside the family who I know really care for me and love me.**

Strongly disagree	Disagree	No opinion	Agree	Strongly agree
00	02	04	23	11

**17. Member(s) of my family do not seem to understand me; I feel taken for granted.**

Strongly disagree	Disagree	No opinion	Agree	Strongly agree
00	06	04	20	10

**Notice the change in responses for the next group of questions!**

**18. Youths can make an impact on social problems.**

Strongly agree	Agree	Disagree	Strongly disagree
15	22	02	01

**19. High School students should volunteer.**

Strongly agree	Agree	Disagree	Strongly disagree
17	22	01	00



**20. People are viewed more positively if they volunteer.**

Strongly agree	Agree	Disagree	Strongly disagree
09	29	01	01

**21. I can make a difference through service.**

Strongly agree	Agree	Disagree	Strongly disagree
09	25	05	01

**22. Most people can have an impact on social problems.**

Strongly agree	Agree	Disagree	Strongly disagree
08	26	05	01

**23. Misfortune is out of a person's control.**

Strongly agree	Agree	Disagree	Strongly disagree
00	18	18	04

**24. It is important to treat people fairly.**

Strongly agree	Agree	Disagree	Strongly disagree
20	19	01	00

**25. I am willing to put aside my own pleasure if it inconveniences others.**

Strongly agree	Agree	Disagree	Strongly disagree
06	26	08	00

### **III. Responses to Communication and Problem Solving**

First, read the list of "Response Choices" one at a time. Second, decide how well each statement agrees or disagrees with your attitudes and behaviour in response to problems or difficulties. Circle the box that best fits below each statement.

*When we face problems or difficulties in our family, we respond by:*

**1. Sharing our difficulties with relatives.**

Strongly disagree	Disagree	No opinion	Agree	Strongly agree
01	08	05	21	04

**2. Seeking encouragement and support from friends.**

Strongly disagree	Disagree	No opinion	Agree	Strongly agree
00	00	04	29	06

**3. Knowing we have the power to solve major problems.**

Strongly disagree	Disagree	No opinion	Agree	Strongly agree
01	03	04	23	08

**4. Seeking information and advice from persons in other families who have faced the same or similar problems.**

Strongly disagree	Disagree	No opinion	Agree	Strongly agree
00	04	06	20	09

**5. Seeking advice from relatives (grandparents, etc.).**

Strongly disagree	Disagree	No opinion	Agree	Strongly agree
01	04	04	23	07

**6. Seeking assistance from community agencies and programs designed to help families in our situation.**

Strongly disagree	Disagree	No opinion	Agree	Strongly agree
01	06	12	19	01

**7. Knowing that we have the strength within our own family to solve our problems.**

Strongly disagree	Disagree	No opinion	Agree	Strongly agree
01	04	03	18	13

**8. Receiving gifts and favours from neighbours (e.g., food, taking in mail, etc.).**

Strongly disagree	Disagree	No opinion	Agree	Strongly agree
02	07	11	17	02

**9. Seeking information and advice from the family doctor.**

Strongly disagree	Disagree	No opinion	Agree	Strongly agree
00	04	05	24	06

**10. Asking neighbours for favours and assistance.**

Strongly disagree	Disagree	No opinion	Agree	Strongly agree
03	09	08	17	02

**11. Facing the problems "head-on" and trying to get a solution right away.**

Strongly disagree	Disagree	No opinion	Agree	Strongly agree
01	05	05	19	09

*When we face problems or difficulties in our family, we respond by:*

**12. Showing that we are strong.**

Strongly disagree	Disagree	No opinion	Agree	Strongly agree
01	06	05	22	05

**13. Attending church services.**

Strongly disagree	Disagree	No opinion	Agree	Strongly agree
01	09	12	11	06

**14. Sharing concerns with close friends.**

Strongly disagree	Disagree	No opinion	Agree	Strongly agree
00	00	08	25	06

**15. Accepting that difficulties occur unexpectedly.**

Strongly disagree	Disagree	No opinion	Agree	Strongly agree
00	01	03	29	06

**16. Doing things with relatives (get-togethers, dinners, etc.).**

Strongly disagree	Disagree	No opinion	Agree	Strongly agree
00	04	03	24	08

**17. Seeking professional counselling and help for family difficulties.**

Strongly disagree	Disagree	No opinion	Agree	Strongly agree
01	06	13	16	03

**18. Believing we can handle our own problems.**

Strongly disagree	Disagree	No opinion	Agree	Strongly agree
01	09	10	17	02

**19. Participating in church activities.**

Strongly disagree	Disagree	No opinion	Agree	Strongly agree
01	08	15	10	05

**20. Defining the family problem in a more positive way so that we do not become too discouraged.**

Strongly disagree	Disagree	No opinion	Agree	Strongly agree
01	00	08	24	06

**21. Asking relatives how they feel about problems we face.**

Strongly disagree	Disagree	No opinion	Agree	Strongly agree
02	08	06	19	04

**22. Seeking advice from a minister.**

Strongly disagree	Disagree	No opinion	Agree	Strongly agree
02	09	13	12	03

**23. Sharing problems with neighbours.**

Strongly disagree	Disagree	No opinion	Agree	Strongly agree
04	14	11	08	01

**24. Having faith in God**

Strongly disagree	Disagree	No opinion	Agree	Strongly agree
01	00	07	12	19

**Note the responses now focus on true or false.**

***When our family struggles with problem or conflicts which upset us, I would describe my family in the following way by:***

<b>1. We yell and scream at each other.</b>			
False	Mostly false	Mostly true	True
03	10	21	06
<b>2. We are respectful of each other's feelings.</b>			
False	Mostly false	Mostly true	True
03	01	24	12
<b>3. We talk things through till we reach a solution.</b>			
False	Mostly false	Mostly true	True
03	02	20	15
<b>4. We work hard to be sure family members were not hurt, emotionally or physically.</b>			
False	Mostly false	Mostly true	True
01	01	15	22
<b>5. We walk away from conflicts without much satisfaction.</b>			
False	Mostly false	Mostly true	True
03	07	17	12
<b>6. We share with each other how much we care for one another.</b>			
False	Mostly false	Mostly true	True
01	03	16	20
<b>7. We make matters more difficult by fighting and bringing up old matters.</b>			
False	Mostly false	Mostly true	True
06	07	13	14
<b>8. We take time to hear what each other has to say or feel.</b>			
False	Mostly false	Mostly true	True
02	03	23	12
<b>9. We work to be calm and talk things through.</b>			
False	Mostly false	Mostly true	True
01	05	19	15
<b>10. We get upset, but we try to end our conflicts on a positive note.</b>			
False	Mostly false	Mostly true	True
02	03	15	20

**Parental Satisfaction**

For each of the following questions please indicate your satisfaction by circling the correct answer.

**1. How satisfied are you with the behaviour of your children?**

Extremely dissatisfied	Very dissatisfied	Somewhat dissatisfied	Mixed	Somewhat satisfied	Very satisfied	Extremely satisfied
00	00	01	02	14	17	06

**2. How satisfied are you with yourself as a parent?**

Extremely dissatisfied	Very dissatisfied	Somewhat dissatisfied	Mixed	Somewhat satisfied	Very satisfied	Extremely satisfied
00	00	00	05	17	15	03

**3. How satisfied are you with your relationship with your children?**

Extremely dissatisfied	Very dissatisfied	Somewhat dissatisfied	Mixed	Somewhat satisfied	Very satisfied	Extremely satisfied
00	00	00	03	14	15	08

**Outlook for the Future**

What are three goals you have for your child's future?

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**Knowledge and Support of the Program****1. How long has your child been part of the Kids Alliance Program? (check one only)**

02 ☐ I don't know for sure

12 ☐ 1 - 1½ years

01 ☐ 0 - 6 months

09 ☐ 1½ - 2 years

09 ☐ 7 months - 1 year

07 ☐ more than 2 years

**2. How knowledgeable are you about the Kids Alliance Program?**

02 ☐

Not at all

30 ☐

Somewhat

08 ☐

Very knowledgeable

3. How important is the KAP program to your child?

00 ☐  
Not at all

13 ☐  
Somewhat

08 ☐  
Very important

4. If you had to put your finger on how KAP has benefited your child what would be the single most important part of the program?

---



---



---

5. Below are statements about how you may have been involved your child with KAP. Place a check mark in the in appropriate box to the right as they apply to you and your child's participation.

*When I think about my child's involvement in KAP in the past six months, I have....*

	Not At All	Sometimes	Quite A Lot
1. discussed the KAP program with my child	1	28	11
2. praised my child's efforts with the program	1	15	24
3. read information about the KAP program	5	25	10
4. discussed the KAP program with KAP staff	27	12	1
5. offered some kind of help to the KAP program such as money, transportation, or participation	24	16	0
6. provided some kind of help to the KAP program such as money, transportation or participation	24	16	0

6. Is there anything preventing you from supporting your child's participation in KAP?

04 ☐ Yes

36 ☐ No

If 'Yes', what are they?

1. \_transportation (1); family respon.(1); work (2)\_\_\_\_\_

2. \_\_money (2) \_\_\_\_\_

3. \_\_\_\_\_

7. What are three things you really like about KAP?

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

8. Would you suggest KAP to another parent?

00 ☐

No

07 ☐

Maybe

33 ☐

Yes

9. Are there any final suggestions or comments you would like to make?

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Thank you again for your time

## VITA AUCTORIS

Deborah Ann Holosko was born in 1960 in Corner Brook, Newfoundland. She graduated from Herdman Collegiate High School in 1977. She obtained a B.S.W. in 1982 from Memorial University of Newfoundland and received her M.S.W. from the University of Windsor in 1988. Prior to attending university for her M. Ed. she was the supervisor of a family resource centre for a children's mental health service in Windsor, Ontario. While attending university, she worked (and continues to work) as a social worker with senior services for a U.S. health system in Detroit, Michigan. She has found that principles of resiliency, family involvement and building a caring community transcend many work settings.